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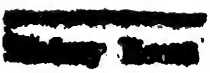

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TRANSACTIONS

OF

THE EIGHTH ANNUAL MEETING

OF

The Medical Society

OF THE

STATE OF NORTH CAROLINA,

HELD AT

EDENTON, N. C., APRIL, 1857.

WILMINGTON, N. C.:
FULTON & PRICE, STEAM POWER PRESS PRINTERS.
1857.

MINUTES.

EDENTON, N. C., Wednesday, April 15th, 1857.

The Eighth Annual Meeting of the Medical Society of the State of North Carolina, according to adjournment at the last meeting in Raleigh, was convened in the Court House in this place at 8 o'clock, P. M.

The President, Dr. Charles E. Johnson, being absent, Dr. O. F. Manson, one of the Vice Presidents, took the chair, and called the Society to order.

The roll was called. The following officers and members were present:

OFFICERS:

Dr. O. F. MANSON, Vice President;
" HENRY W. FAISON, do. do.;
" WILL. GEO. THOMAS, Secretary;
" JAMES B. DUNN, Treasurer.

MEMBERS:

Dr. Wm. H. McKee,	Dr. J. Graham Tull,
" N. J. Pittman,	" Edward Warren,
" Henry Seawell,	" Hugh Kelly,
" Alex. B. Pierce,	" J. J. Summerell.

HONORARY MEMBERS:

Dr. WILLIAM C. WARREN, | Dr. THOMAS D. WARREN.

The following gentlemen were appointed a committee on credentials, viz: Drs. Edward Warren, Wm. H. McKee, Henry W. Faison.

The committee retired, and after deliberation, submitted the following report, which was adopted;

To the Medical Society of the State of North Carolina:

The Committee on Credentials find the following gentlemen properly authorized delegates from their respective Societies:

Dr. Will. G. Thomas, } New Hanover County Med. Society.
" S. S. Satchwell, }
" J. J. Summerell, Rowan County do. do.
" N. J. Pittman, Edgecomb Co. do. do.

No other Society has a delegation present at this meeting.

We respectfully recommend the following gentlemen as permanent members:

Dr. James N. Butts,.....Elizabeth City,
" J. F. Manning,.....Gates County,
" David Cox,.....Perquimans co.
" R. P. Tabb,.....Camden co.
" W. H. Finlayson,.....Goldsborough,
" Thomas D. Warren,.....Edenton,
" S. W. Streets,.....Hertford,
" William C. Warren,.....Edenton,
" T. H. Wingfield,.....Bertie County,
" William A. B. Norcom,.....Edenton,
" J. T. Smith,.....Hertford Co.,
" W. R. Spruill,.....Pasquotank Co.,
" S. D. Grice,.....Elizabeth City,
" Geo. H. Coke,.....Woodville,
" W. G. Pool,.....Elizabeth City,
" C. W. Graham.....Duplin County,
" R. H. Winborne,.....Chowan do.
" William Strudwick,.....Hillsboro',
" Caleb Winslow,.....Hertford Co.

Respectfully submitted,
EDWARD WARREN, *Ch'n.*
WM. H. McKEE,
Henry W. FAISON.

EDENTON, N. C., April 15th, 1857.

The above named gentlemen, elected permanent members, signed the Constitution and By-Laws, and paid the initiation fee.

Business requiring early attention was called for.

Dr. Satchwell, late Secretary, called the attention of the Society to the proposed Medical Journal; and stated that, according to instructions, he had issued a prospectus, and given it general circulation, but was grieved to say a much

smaller number of subscribers had been obtained than he had anticipated. For the purpose of furthering this undertaking, he moved the appointment of a committee of five members, to report to this annual meeting some better plan of operation; which was adopted.

The following gentlemen compose that

COMMITTEE:

Dr. N. J. Pittman, | Dr. C. W. Graham,
" S. S. Satchwell, | " Edward Warren,
Dr. Wm. H. McKee.

The President announced the following acting committees:—

On Finance: Drs. W. H. Finlayson, S. Davis Grice, Geo. H. Coke.

On Nominations: Drs. S. S. Satchwell, William Strudwick, J. J. Summerell.

Dr. Edward Warren moved that the annual address, by Dr. S. S. Satchwell, of New Hanover, be delivered in this room on to-morrow, at 12 o'clock, M.; and that the citizens of the place be invited to attend. Carried.

Dr. William C. Warren, in person, extended an invitation to the Society to participate, upon its adjournment, in the socialities of the evening at his residence. The invitation was accepted.

On motion of Dr. McKee, the Society adjourned until to-morrow, 9 o'clock, A. M.

THURSDAY, 9 o'clock. A. M., April 16th, 1857.

The Society met according to adjournment. Dr. Manson in the chair. The minutes of the previous meeting were read and approved. The roll was called.

The Committee on Credentials made the following supplimental report, which was adopted:

To the Medical Society of the State of North Carolina:

Since the last report of the Committee on Credentials, the following gentlemen have been introduced, whom we recommend as permanent members of the Society:

Dr. B. F. Fessenden, Plymouth,
" Geo. W. Hodges, Sladesville,
" S. C. Benjamin, Hamilton,
" Wm. H. Speller, Windsor.

Respectfully submitted,

EDWARD WARREN, *Chairman.*

EDENTON, N. C., April 16th, 1857.

These gentleman came forward, signed the Constitution and By-Laws and paid the initiation fee.

The Constitution and By-Laws of the Society, by request, were read by the Secretary.

Dr. McKee moved that a Committee on Publication, consisting of three members be appointed, to whom all articles for publication be referred. Carried.

The following gentlemen were appointed said

COMMITTEE:

Dr. Will. Geo. Thomas, | Dr. James H. Dickson,
Dr. S. S. Satchwell.

Dr. Satchwell, late Secretary, read letters from Dr. E. D. Fenner, of New Orleans, and Dr. W. H. McPheeters, of St. Louis, in answer to his official notice to them of their election as honorary members of the Society, expressing their thanks for the honor conferred, their warm wishes for the success of our Society, and their abiding attachment to North Carolina, their native State.

Written communications were called for.

Dr. McKee, who was appointed at the last annual meeting to report on the diseases of Wake county, read as a substitute, a paper on Stomatitis Materna. It was referred to committee on Publication. (See Appendix A.)

The Secretary read a communication from Dr. H. F. Murphy, of Duplin, who was appointed at the last annual meeting to report from his county, asking that the appointment be re-affirmed, to enable him to report at the next annual meeting. The request was granted.

On motion of Dr. Edward Warren, the Society adjourned until 12 o'clock, for the purpose of hearing the annual address by Dr. S. S. Satchwell.

THURSDAY, 12 o'clock, M., April 16th, 1857.

The Society was called to order, Dr. Manson in the chair; when Dr. William C. Warren, of Edenton, introduced the speaker—Dr. S. S. Satchwell, of New Hanover,—who arose and entertained the Society and a large and intelligent audience of ladies and gentlemen, for one hour, with an earnest and interesting Address upon "Some of the Causes which retard Medical Progress."

Upon the conclusion of the Address, and after the audience had retired, Dr. Edward Warren moved the following resolution, which was adopted:

Resolved, That the thanks of the Society be presented to Dr. S. S. Satchwell, for his interesting and valuable Address, and that a copy for publication with the transactions of the Society be, and is hereby, requested. (See Appendix B*.)

On motion of Dr. McKee, the committee on publication were instructed to publish five hundred extra copies of the address by Dr. Satchwell, for distribution.

Written communications were again called for. Dr. Hugh Kelly, of Iredell, who was appointed at the last annual meeting to report on the diseases of his county, reported accordingly. (See Appendix C.)

Dr. J. J. Summerell, appointed at the last annual meeting to report upon the diseases of Rowan county, presented a written report, detailing cases. (See Appendix D.)

On motion of Dr. Pittman, the Society adjourned until 5 o'clock, P. M.

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5 o'clock, P. M., April 16th, 1857.

The Society met acoording to adjournment, Vice President Dr. O. F. Manson in the chair.

Dr. Pittman, appointed at the last annual meeting to report upon the diseases of the county of Edgecomb, proceeded to entertain the Society at length with his report, during which he exhited the cell formation of malignant and non-malignant tumours under the microscope. (See Appendix E.)

Dr. Pittman's advocacy of the microscope in diagnosing cancer, called up Dr. Edward Warren, who inquired of him to

what extent he relied upon it as a means of detecting the disease? Dr. Pittman replied that he did not regard it as always infallible. Dr. Warren then alluded, in eloquent terms, to a discussion he had heard in the Academy of Science at Paris on this subject, in which the distinguished Velpeau, in opposition to the first microscopists of the world, ably and successfully combatted the claims of this means of detecting malignant growths. He had listened with great interest to this lengthy debate, ending, as he conceived, so victoriously to Velpeau, and he therefore inquired of Dr. Pittman to state the grounds upon which he relied on the microscope as a means of diagnosing malignant diseases. Dr. Pittman replied that he did not regard it as infallible, but as a valuable adjuvant.

Dr. O. F. Manson, chairman of the committee appointmed at the last annual meeting to report upon the subject of the qualifications to honorary membership in this Society, made the following report which was adopted:

To the Medical Society of the State of North Carolina:

The committee appointed at the last annual meeting of the Society, to take into consideration the proper qualifications to honorary membership, respectfully report:

Believing that an indiscriminate bestowal of honorary membership would be injurious to this Association, by rendering the honor so common as to impair its value, and make it no longer desirable, recommend that the following classes of Physicians be alone entitled to this distinction:

1st. Prominent members of the Society, who, after aiding in the accomplishment of its purposes, find it necessary, from removal or other satisfactory cause, to relinquish their connection with it.

2d. Physicians who have won distinction by their contributions to medical science.

3d. Elderly Physicians who, prior to retirement from practice, have displayed a proper interest in the welfare of the society; or who, by their example, have reflected credit and honor upon the profession.

Respectfully submitted,

O. F. MANSON,
EDWARD WARREN,
W. H. McKEE,
N. J. PITTMAN.

EDENTON, N. C., April 16th, 1857.

Dr. Satchwell announced the death of Dr. Benjamin F. Robinson, of Fayetteville, an honorary member of the society, and moved that a notice of the same by Dr. James H. Dickson, of Wilmington, be read before the society, and be published with the transactions. Carried.

MR. PRESIDENT: Since the last meeting of the Medical Society, death has removed from among its honorary members, Dr. Benjamin Robinson, of Fayetteville.

He departed this life on the 8th of March last, in the 82d year of his age.

This venerable octogenarian continued to the last, to be actively engaged in the duties of the profession, which he had almost uninterruptedly practiced for more than half a century.

A native of the town of Bennington, in the State of Vermont, after obtaining his medical education, he established himself, in the year 1804, in Fayetteville, and continued to reside there up to the period of his death.

For a long portion of his professional life, and, indeed, until the infirmities of age incapacitated him for the physical labor which it demanded, his practice was probably as extensive and as laborious as that of any member of the profession in the State.

Though characterized by no remarkable brilliancy of intellect, he possessed a substantial and discriminating mind, and was more conversant with the practical application of his knowledge to the treatment of disease, than he was with theoretical speculations; and it is much to be regretted, that his modest appreciation of himself and of his attainments, should have prevented the publication of the large store of valuable facts, which the observation and experience of half a century must have accumulated.

In his professional pursuits, Dr. Robinson was distinguished for his unwearied assiduity, indefatigable perseverance, and self-sacrificing devotion; and by his kind, gentle and sympathizing manners, he won the affectionate regards of his patients, and acquired for himself "troops of friends."

An acquaintance of many years, and a sense of personal obligation, as one of his numerous patients, on more than one occasion, justifies, I think, while it prompts, the expression of the opinion that he was one of the most benevolent and kind-hearted men it has been my fortune to meet with.

He furnished the best exemplar I have ever seen, of the spirit of the noble maxim of the Roman dramatist:

"Homo sum, humani nihil,
A me alienum puto."

The following resolutions were offered by Dr. Satchwell, and adopted:

WHEREAS, in the mysterious dispensation of Divine Providence, death has removed, since our last annual meeting, an esteemed honorary member, Dr. Benjamin F. Robinson, Sr., of Fayetteville; therefore,

Resolved, That in the death of Dr. Robinson, the community have lost a kind-hearted, public-spirited citizen, and the profession a devoted and successful practitioner, whose death we record with feelings of sorrow and a due sense of the loss of so worthy and estimable a gentleman.

Resolved, That we tender to the family of the deceased our sympathies in their bereavement, and the desire to mingle our sorrows with theirs at this sad event.

Resolved, That a copy of these resolutions be spread upon the records of the society, and be transmitted by the Secretary to the family of the deceased.

The nominating committee being called on, made, through their chairman, the following report, which was adopted:

To the Medical Society of the State of North Carolina:

The committee on nominations present the following report:

They recommend for the various offices of the society, for the ensuing year, the following named gentlemen:

FOR PRESIDENT:

Dr. WM. H. McKEE, of Raleigh.

FOR VICE PRESIDENTS:

Dr. EDWARD WARREN, Edenton,
" C. W. GRAHAM, Duplin Co.,
" CALEB WINSLOW, Hertford,
" A. B. PIERCE, Halifax.

CORRESPONDING AND RECORDING SECRETARY:

Dr. WILL. G. THOMAS, Wilmington.

TREASURER:

Dr. JAMES B. DUNN, Forestville.

ORATOR:

Dr. J. GRAHAM TULL, New Berne.

In addition to the delegates appointed at the last annual meeting, to attend the meeting of the American Medical Association, to be held in the city of Nashville, Tenn., we recommend the following named gentlemen:

Dr. Benj. F. Fessenden, Plymouth,
" Geo W. Hodges, Hyde Co.,
" James B. Dunn, Forestville,
" Henry W. Faison, Duplin Co.,
" S. C. Benjamin, Hamilton,
" Geo. H. Coke, Woodville.

We also recommend that, in case any of the above named gentlemen are unable to attend, the President shall be empowered to fill vacancies from the regular members of the society.

Respectfully submitted,
S. S. SATCHWELL,
W. STRUDWICK,
J. J SUMMERELL, } Committee.

EDENTON, N. C., April 16th, 1857.

On motion of Dr. Edward Warren, the committee on nominations were added to the list of delegates.

On motion, the society adjourned until to-morrow, at 9 o'clock, A. M.

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9 o'clock, A. M., April 17th, 1857.

The Society met according to adjournment, Dr. Manson in the chair. The reading of the minutes of the previous meetwere dispensed with.

The committee on Finance being called on, made the following report, which was adopted:

To the Medical Society of the State of North Carolina:

The committee on Finance respectfully present the following report:

We find, on examination, that the accounts and vouchers of the Treasurer are correct, and that the finances of the society have been well managed and properly disbursed.

There have been funds collected sufficient to meet the expenses of the society for the past year.

The committee recommend that an assessment of three dollars be made upon each permanent member, and upon each auxiliary society, to pay the expenses of the current year.

Respectfully submitted,
W. H. FINLAYSON,
S. DAVIS GRICE,
GEO. H. COKE, } Committee.

EDENTON, N. C., April 16th, 1857.

The following gentlemen were appointed to report from their respective counties at the next annual meeting, according to a resolution adopted at the previous meeting in Raleigh:

Dr. H. F. Murphy, Duplin county.
" C. F. Dewey, Wayne.....co.
" William Cameron, Orange co.
" James H. Dickson, N. Hanover co.
" B. F. Fessenden, Washington. co.
" Caleb Winslow, Perquimans...do.
" J. G. Ramsey, Rowan .....do.
" W. R. Spruill, Pasquotank.....do.
" L. J. Bingham, Cabarras.....do.
" Geo. W. Hodges, Hyde.....do.
" Alex. H. Taylor, Wake.....do.
" Alex. B. Pierce, Halifax.....do.
" R. H. Winborne, Chowan.....do.
" Hugh Kelly, Iredell.....do.
" F. M. Garrett, Edgecombe.....do.
" Wm. R. King, Franklin.....do.
" S. E. Chapman, Craven.....do.
" S. C. Benjamin, Martin.....do.

Dr. McKee announced the death of Dr. J. J. W. Tucker, of Wake, and Dr. L. A. Jeffreys, of Franklin, and moved the following resolutions, which were adopted:

WHEREAS, In the mysterious dispensation of Divine Providence, death has removed, since our last annual meeting, two of our permanent members and co-laborers in the cause of medical improvement; to wit: Dr. J. J. W. Tucker, of Raleigh, and Dr. L. A. Jeffreys, of Franklin county; therefore,

Resolved, That in the death of Dr. Tucker, the society has lost an ardent friend, who was ever ready to offer the strength of an excellent mind, and the affections of a warm, true and generous heart in its exertions to improve medical science, and to elevate the medical profession.

Resolved, That in the death of Dr. Jeffreys, the society has lost a member, who, by his intelligence and gentlemanly character, was an useful citizen, and whose attainments and skill in his profession gave him respect and prominence among his brother practitioners.

Resolved, That the President of the society be requested to embody the substance of these expressions of regard of the society, in a letter of condolence to the respective families of the deceased, and to assure them of our sincere sympathy in their loss.

The committee on the Medical Journal submitted the following report:

To the Medical Society of the State of North Carolina:

The committee appointed to report on the subject of the proposed Medical Journal, submit the following report:

They find that the late Secretary has complied with the request of the society, made at the last meeting, that he should prepare and issue a prospectus for the establishment of a Medical Journal in North Carolina.

We regret that the prospectus has not received a more encouraging response from the profession. The Secretary has received only about one hundred and twenty-five names as subscribers. This will not justify the publication of the Journal.

We do not despair, however, and we recommend that the society, so far from abandoning the project, should resolve to persevere with new vigor, and more determined efforts to establish this Journal—which we feel confident would be a very important auxiliary to the society and to the profession of the State. We believe it would materially serve to unite and strengthen the regular members of the profession—to develope the slumbering medical talent of the State, by causing deeper research, and closer and more attentive observation, and give a higher character, if properly gotten up and conducted, to the profession of the State at home and abroad. But it cannot be established, in our opinion, unless the members of the society use more active exertions than hitherto, in obtaining subscribers. The physicians of the State must heartily and resolutely apply themselves to the work of obtaining subscribers, if they would avoid the mortification of seeing the enterprise fail.

The work is commenced, let it go on. We are confident that the requisite number of subscribers can be obtained, if the members of the society can be induced to feel, and to manifest, a becoming interest in the matter.

Then let us pledge ourselves at this time, one to another, and unitedly as a society, that we will obtain the requisite number of names, and that the Journal can, ought to, and shall be established.

We recommend that those who may obtain names as subscribers, provided this report be adopted, be requested to transmit them from time to time, either to the former Secretary, Dr. S. S. Satchwell, who issued the prospectus, or to the

present Secretary, Dr. Thomas, to the end that it may be known at our next annual meeting, what are the indications in reference to the whole matter.

Respectfully submitted,

N. J. PITTMAN,
S. S. SATCHWELL,
WM. H. McKEE,
EDWARD WARREN,
C. W. GRAHAM,
} Committee.

EDENTON, N. C., April 17th, 1857.

The committee on publication were requested to prepare a suitable form for a diploma, to be presented to members of this society; also, to acquire the requisite information as to the probable cost, etc., of said diploma, and report to the next annual meeting.

Vice President, Dr. O. F. Manson, on resigning the chair, made a few pertinent remarks, when the President elect, Dr. Wm. H. McKee, of Raleigh, was conducted to the chair by Drs. Satchwell and Summerell.

He offered his sincere thanks to the society in return for the honor conferred on him. He esteemed the position one of honor, and supposed that the distinguished position assigned him arose more from a desire to compliment his humble zeal in behalf of the society, than for any especial administrative talent he might possess. He pledged his undivided attachment and support to the society. He craved their indulgence, and their support in the discharge of the duties of the office.

Dr. O. F. Manson presented an elaborate essay on pneumonia, as a substitute for his report from the county of Granville, which was accepted, and referred to committee on publication. (See Appendix F.)

On motion of Dr. Satchwell, Dr. Manson was allowed to publish the essay in the Virginia Medical Journal, after it had appeared in the transactions of this society.

Dr. Thomas D. Warren moved that the members of the society pledge themselves to a certain number of subscribers to the Medical Journal.

The motion was carried, and the following gentlemen made the subjoined subscription:

Dr. Thomas D. Warren,.....25 subscribers,
" O. F. Manson,.....20.....do.
" Wm. Strudwick,.....15.....do.
" Wm. H. Spruill,.....5.....do.
" Geo. W. Hodge,.....5.....do.
" Geo. H. Coke,.....5.....do.
" C. W. Graham,.....5.....do.
" H. W. Faison,.....5.....do.
" S. C. Benjamin,.....2.....do.
" Wm. C. Warren,.....3.....do.
" A. B. Pearce,.....5.....do.
" T. H. Wingfield,.....2.....do.
" J. J. Summerell,.....15.....do.
" J. T. Leach,.....5.....do.
" R. H. Winborne,.....5.....do.
" Geo. W. Blacknal,.....5.....do.
" W. H. Finlayson,.....5..... do.
" S. S. Satchwell,.....5.....do.
" Will. Geo. Thomas,.....5.....do.

On motion of Dr. Kelly, the President appointed the following named gentlemen delegates to the meeting of the American Medical Association in 1858:

Dr. William C. Warren, Edenton,
" James H. Dickson, Wilmington,
" Charles E. Johnson, Raleigh,
" O. F. Manson, Townsville, Granville co.,
" Edmund Strudwick, Hillsboro',
" S. S. Satchwell, New Hanover,
" N. J. Pittman, Tarboro',
" Thomas D. Warren, Edenton,
" J. W. Hutchings, Murfreesborough,
" Caleb Winslow, Hertford,
" Will. Geo. Thomas, Wilmington,
" J. J. Summerell, Salisbury.

On motion of Dr. Wm. C. Warren, the President, Dr. Wm. H. McKee, of Raleigh, was added to the list of delegates to the said meeting of the American Medical Association.

Dr. S. S. Satchwell offered the following resolutions, which were adopted.

Resolved, That, while the society regrets the absence on account of professional duty of its late President, Dr. Charles E. Johnson, of Raleigh, at this annual meeting, they express

to him their thanks for his able and impartial administration of his duties as President.

Resolved, That our thanks are due, and are hereby tendered, to our Vice President, Dr. O. F. Manson, of Granville, who, in the absence of the President, has presided over our deliberations with much ability and entire satisfaction to the society.

Mr. Joshua Skinner extended an invitation to the society to visit the Belvidere Fisheries, which was accepted.

On motion of Dr. Thomas D. Warren, the society adjourned until 5 o'clock, P. M.

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5 o'clock, P. M., April 17th, 1857.

The society met according to adjournment, the President, Dr. McKee, in the chair.

Dr. T. H. Wingfield moved that the society proceed to the election of an Editor of the Medical Journal, which was carried.

Dr. Satchwell nominated Dr. Edward Warren, of Edenton, as Editor of the Journal, who was unanimously elected.

Dr. Thomas offered the following resolution:

Resolved, That in the appointment of Dr. Edward Warren as Editor of the Medical Journal, the society assumes all necessary expenses that may be incurred in its publication.

The resolution was unanimously adopted.

Dr. Warren appropriately acknowledged the honor conferred by this unanimous election, and pledged his best energies of body and mind to the support of the Journal.

Dr. Pittman offered the following resolutions, which were adopted:

Resolved, That we return our sincere thanks to the Medical Faculty and citizens of Edenton, for their kind attention, and warm-hearted hospitalities extended to the members of this society during the sittings of this annual meeting; and that to these social greetings, we will ever recur, as one of the pleasantest recollections of our lives.

Resolved, That our thanks are due, and are hereby tendered, to the Presidents and Directors of the different Railroads and Steamers, for their liberality in conveying to Edenton at half-price, the physicians who have attended this annual meeting.

On motion of Dr. Edward Warren, Dr. D. W. Wright, of

Norfolk, Va., was elected an honorary member of this society, and the Secretary was directed to inform him of the same.

Dr. Finlayson, in behalf of the medical faculty of Goldsborough, extended an invitation to the society to hold its next annual meeting at that place. Dr. Tull extended a similar invitation in behalf of New Bern. After some discussion, a *viva voce* vote was taken, and New Bern was selected as the place for the next annual meeting.

The following gentlemen were requested to act as a committee of arrangements, viz: Drs. S. E. Chapman, Alex. Taylor, Edward F. Smallwood, Peter Custis, Jas. B. Hughes, and Messrs. Jno. D. Whitford, A. T. Jerkins and Edward R. Stanly.

On motion of Dr. H. W. Faison, the committee on publication were instructed to publish one thousand copies of the transactions of this annual meeting for distribution.

On motion of Dr. Tull, the society adjourned to meet in the town of New Bern, at 4 o'clock, P. M., on the 3d Tuesday in May, 1858.

WILLIAM H. McKEE, M. D., *President.*

WILL. GEO. THOMAS, M. D., *Secretary.*

LIST OF OFFICERS AND MEMBERS
With Post Office of each Member.

OFFICERS FOR 1857–'8.

PRESIDENT:

Dr. William H. McKee,.....Raleigh.

VICE PRESIDENTS:

Dr. Edward Warren,.....Edenton,
" C. W. Graham,.....Duplin, co.,
" Caleb Winslow,.....Hertford,
" A. B. Pierce,.....Halifax, co.

CORRESPONDING AND RECORDING SECRETARY:

Dr. William Geo. Thomas,.....Wilmington.

TREASURER:

Dr. James B. Dunn,.....Forestville.

ORATOR:

Dr. J. Graham Tull,.....New Bern.

MEMBERS.

NAMES.	RESIDENCES.
Dr. Edmund Strudwick,.....	Hillsboro',
" James E. Williamson,...	Locust Hill, Caswell co.,
" William G. Hill,.....	Raleigh,
" N. J. Pittman,.....	Tarboro',
" T. H. Turner,.....	Hillsboro',
" S. S. Satchwell,.....	Long Creek, New Hanover co.,
" John R. Mercer,.....	Edgecomb co.,
" P. T. Henry,.....	Windsor,
" J. Q. Anderson,.....	Caswell co.,
" Charles F. Dewey,.....	Goldsborough,
" P. P. Peace,.....	Granville co.,
" E. Burke Haywood,.....	Raleigh,
" J. R. Thompson,.....	Smithfield,
" R. B. Haywood,.....	Raleigh,
" J. M. Taylor,.....	Stanhope, Nash co.,
" Wm. M. Broocks,.....	Milton,
" James F. McRee, jr.,.....	Wilmington,
" J. G. B. Myers,.....	Washington,
" Henry Seawell,.....	Eagle Rock, Wake co.,
" E. H. Crudup,.....	Louisburg,
" Jno. T. Hicks,.....	Fish Dam, Wake co.,
" J. B. Mann,.....	Franklin co.,

NAMES.	RESIDENCES.
Dr. James A. McRae,.....	Fayetteville,
" L. D. Schoolfield,.....	Hillsboro',
" Joel D. Battle,.....	Everittsville, Wayne co.,
" John M. Johnson,.....	Yanceyville,
" James P. Bryan,.....	Greenville,
" A. D. Moore,.....	Chapel Hill,
" E. F. Shaw,.....	Sampson co.,
" Robt. H. Tate,.....	So. Washington, N. Hanover,
" Allmand Holmes,.....	Sampson co.,
" Thomas J. Boykin,.....	Clinton,
" L. Frink,.....	Shallotte, Brunswick co.,
" Elias K. Faison,.....	Magnolia, Duplin co.,
" B. F. Whitaker,.....	Enfield,
" John Swann,.....	Wilmington,
" Samuel J. Iredell,.....	Raleigh,
" J. W. Hutchings,.....	Murfreesborough,
" W. L. Long,.....	Weldon,
" Henry Joyner,.....	Halifax,
" Owen Hadley,.....	Powelton, Richmond co.,
" Wm. H. Moore,.....	Goldsborough,
" Thomas Woodley,.....	Kinston,
" James H. Dickson,.....	Wilmington,
" E. A. Anderson,.....	"
" M. M. Murray,.....	"
" D. B. Gillespie,.....	Westbrooks, Bladen co.,
" A. D. McLean,.....	Robeson co.,
" H. F. Murphy,.....	Teachey's Depot, Duplin co.,
" G. W. Blacknall,.....	Henderson Depot,
" C. T. Murphy,.....	Taylor's Bridge, Sampson co.,
" C. C. Covington,.....	Rockingham, Richmond co.,
" John M. K. Alford,.....	Alfordsville, Robeson co.,
" A. M. McKinnon,.....	Topsail Sound, N. Hanover co.,
" H. H. Robinson,.....	Elizabethtown,
" Robert Monroe,.....	Cumberland co.,
" B. C. Williams,.....	" "
" Baker W. Mabry,.....	Tarborough,
" Francis M. Garrett,.....	"
" J. T. Leach,.....	Leachburg,
" G. M. Cooley,.....	Franklin co.,
" Edward Warren,.....	Edenton,
" Hugh Kelly,.....	Statesville, Iredell co.,
" John F. Tompkins,.....	Bath,
" Thomas L. Banks,.....	Wake co.
" E. R. Gibson,.....	Concord, Cabarrus co.,

NAMES.	RESIDENCES.
Dr. A. C. McRee,	Concord, Cabarrus, co.,
" F. M. Henderson,	" " "
" A. M. Nesbitt,	Salisbury,
" J. J. Summerell,	"
" A. M. Henderson,	"
" Edward Sill,	"
" J. G. Ramsay,	Rowan co.,
" Peter E. Hines,	Raleigh,
" Robert F. Hackett,	Wilkesboro',
" L. J. Bingham,	Cabarrus co.,
" Henry J. Macon,	Warrenton,
" John C. Marriott,	Wakefield, Wake co.,
" H. M. Whitley,	Franklinton Depot,
" Thos. H. Avera,	Eagle Rock, Wake co.,
" Charles T. Powe,	Salisbury,
" J. A. Gibson,	Concord, Cabarrus co.,
" Edward C. Fisher,	Raleigh,
" C. W. Graham,	Kenansville,
" Wm. Strudwick,	Hillsboro',
" S. Davis Grice,	Elizabeth City,
" Wm. C. Warren,	Edenton,
" Caleb Winslow,	Hertford,
" Geo. H. Coke,	Woodville,
" Thos. D. Warren,	Edenton,
" T. H. Wingfield,	Bertie co.,
" R. H. Winborne,	Chowan co.,
" W. G. Pool,	Elizabeth City,
" James N. Butts,	" "
" Robert B. Tabb,	Camden co.,
" W. H. Finlayson,	Goldsboro',
" David Cox,	Perquimans co.,
" J. F. Manning,	Gates co.,
" S. C. Benjamin,	Hamilton,
" Benj. F. Fessenden,	Plymouth,
" Wm. H. Speller	Windsor,
" George W. Hodges,	Sladesville,
" J. T. Smith,	Hertford,
" S. W. Streets,	"
" Wm. R. Spruill,	Pasquotank co.

HONORARY MEMBERS.

NAMES.	RESIDENCES.
Dr. James Webb,	Hillsboro',
" Jas. F. McRee, Sr.,	Wilmington,
" Frederick J. Hill,	"
" A. J. DeRosset, Sr.,	"
" Simmons J. Baker,	Raleigh,
" Edward T. Broadnax,	Leaksville,
" John T. Boyd,	New Bern,
" J. H. Hill,	Wilmington,
" Jas. J. Philips,	Battleboro', Edgecomb co.,
" S. McClanahan,	Chatham co.,
" J. D. Bellamy,	Wilmington,
" Alex. Long,	Salisbury,
" Richard Dillard,	Chowan co.,
" Wm. H. McPheeters,	St. Louis, Missouri,
" E. D. Fenner,	New Orleans, La.,
" Wm. D. Wright,	Norfolk, Va.

Recapitulation—Permanent Members, 113; Honorary Members, 16.

APPENDIX.

[A.]

REPORT OF DR. WM. H. McKEE.

STOMATITIS MATERNA.

This disease, which is peculiar to women during the latter stage of gestation and after child birth, is a form of ulcerative inflammation of the mouth and tongue; and is migratory in its character, extending to the stomach and bowels, rectum, vagina and womb; thence back again to the mouth, antrum, and finally to the lungs. It has appeared here in sporadic cases for several years past. During the latter stage of pregnancy, the first symptoms were a sore mouth and tongue, inflamed, red, tender and very sensitive. Salt food or acids, when taken into the mouth, caused so much smarting as to be rejected entirely. Appetite bad, loss of taste; feverish, thirst, an inability to sleep at night, with disturbed dreams. In a few days isolated patches of ash colored sores would appear on the lips, cheek and tongue, with a free discharge of saliva from the mouth. By proper treatment at this time, all these symptoms would disappear, but, in most cases, return again after the birth of the child.

From two to five weeks after parturition, the mouth and tongue will become sore, in an aggravated form. The sores are petechial: they now become confluent, the tongue fissured and swollen, with an increased flow of saliva. As it is impossible for the mother to take a sufficiency of nourishment, the mammary secretion diminishes, and the nursing of the infant is accomplished with pain in the breast and great fatigue.—The child getting but little nourishment, frets and worries the mother, causing loss of sleep and exhaustion from watching; and finally bringing on fever. I will here remark, that in every bad case I have ever seen, the patient had flooded freely at the birth of the child, and the lochia had continued too free. The double drain of lochia and milk, was too prostrating to be long borne, and the vital powers of nature would soon become exhausted if the disease was not arrested. The child should now be weaned, and every effort made to restore the organs of digestion of the mother. But the mouth continues

sore for some time. After the healing of the ulcers, the mouth and tongue assume a glazed and polished surface, and become less sensitive to articles of food. The patient craves the grossest diet, as none other seems to satisfy the appetite.—This will be retained for twelve or sixteen hours, and then thrown up, sometimes acid, and at other times inodorous. As the disease subsides in the mouth, the stomach and bowels become its seat, with vomiting, occasional purging, pain in the bowels, emaciation, restless nights, colliquative sweats, the skin pale and apparently bloodless, of a pearly whiteness, and is drawn tightly over the bones, and looks as if polished; in others, of a dark, dry and shriveled appearance: the patient cheerful one week, and the next suffering a relapse. The stomach and bowels having been partially relieved, the disease then shows itself at the verge of the rectum, which soon spreads to the vagina, urethra and womb. The sphincter is fissured, and around the anus is a crop of ash colored sores. Defecation is attended with intense pain: the fæces are hard and coated with mucus and blood. So severe is the suffering at this time, that I have heard patients exclaim they would much rather give birth to a child, than have an opperation from the bowels. Leucorrhœa of an acrid character accompanies the disease, and adds still more to its complication and the suffering of the patient. Having stood so far the ravages and shocks of the disease, the mouth and fauces take on morbid action anew, which now extends to the frontal sinuses and antrums of the face, and from thence to the lungs, which is attended with cough, expectoration, pain, night sweats, and finally dropsy, with edema of the extremities as a sequel, to which death alone is the balm.

As to the treatment—it is as diversified as the disease is perverse. The child ought to be weaned if possible, but this is not always followed by a favorable result. In the first instance a blue pill, followed by a drachm each of calcined magnesia and Hoffman's anodyne, suspended in sugar and water, will afford great relief. As to the local applications to the mouth, it is not very material what kind of washes are used. Creosote is one of the best, and may be given internally, in some instances with good effect. A solution of chloride of soda, decoction of smart weed, sage and alum with honey, olive oil and honey, all in their turn may be used. Much might be expected from the internal use of iron, which is, in fact, the best remedy used; but in combination with the iodide of potassa, its virtues are much enhanced. The various preparations may be tried. The tincture of chloride of iron is a favorite remedy; but the preparation I have found best,

was the tartrate of iron and potassa, in combination with the iodide of potassa, in the following proportions: two drachms each of tart-iron and the iodide potassa, added to eight ounces each of Madeira wine and water. Dose: A dessert spoonful three times a day—with the free use of morphia at night to procure sleep, and control the pain; purging with the magnesia and anodyne when required. For the vomiting—the tincture of nuxvomica, in twenty drop doses, in cold water, was certain to allay the irritability of the stomach. The patient should take the air whenever she is able to do so. When there is emaciation, the cod-liver oil may be given with porter, brandy or whiskey, if the stomach can possibly take it.—Anodyne injections are indispensable when the bowels and rectum are the seat of the disease. For the leucorrhœa, the solution of acetate of zinc, four grains to the ounce of water, by injection, first having used warm water and castile soap, is truly a mineral anodyne, and will arrest the discharge promptly.

It is a disease evidently of the fluids; the blood showing an impoverished condition at the earliest stage. What influence the fœtus in utero may have upon the nutritive properties of the blood, or in deranging the nervous system, is as obscure, if not more so, as the effect of nursing of the infant. For the weaning of the child, as experience has proven, does not always cure the disease; but once fully engrafted on the system, it marches on often to a fatal termination, regardless of the best directed skill.

It has been attempted by some writers upon the subject, to account for the cause of the disease in the geological formation of the immediate section of the country in which it may appear. Stating that the calcarious deposits effects the water by impregnating it with an excess of lime, and thereby leaving a deficiency of fibrin. This is all hypothesis, and will not bear the test of experience; for the section of country in which the present cases occurred, is a high and healthy granite ridge, affording free-stone water of an excellent quality.—Besides, a good many cases occurred in the rural districts, where the purest air and water exists. It is a disease, the pathology of which is very imperfectly understood, and, unless one has personal experience in its management, he can have but a faint idea of its insidious nature.

To more fully illustrate the disease, I have two cases to report,—one of a mild form, and the other a fatal one, showing the progress, treatment and termination of both.

Case First.—Mrs. B., aged twenty-five, with her second child. Did well with her first, and had no tendency to the

disease, nor any until about two months before the birth of her second. She had been confined three weeks when I first saw her—as she lived six miles in the country, and was under the care of another physician, who informed me that he had been in attendance about two weeks. He found her with a sore mouth, sick stomach and vomiting; and she had continued to grow worse ever since. At the time I saw her, she was pale, emaciated, white, and looked almost bloodless.—Mouth sore and tender, with a few ulcers of an ash color on the tongue. No appetite, great thirst, night sweats, pain in the bowels, restless, with disturbed sleep, constipation, produced from opiates; sick stomach, vomiting up food and fluids. Pulse small, quick, and from 100 to 110. Lochia profuse and offensive. Mammary secretion nearly stopped; pain in the head and desponding.

She refused to wean the child. Prescription: Magnesia and anodyne draught,—morphia, half grain at night, to be followed by the tartrate of iron and iodide of potassa three times a day. Injections of soap and water, with the addition of chloride of soda to correct the odor,—then the acetate of zinc, two or three times a day, repeating the magnesia and anodyne draught as often as the necessity of the case required.—Mouth to be washed with the solution of creosote pro re nata. Generous diet and cheerful society of friends. Under this treatment she recovered in about two months more—alternating occasionally with a relapse; but was finally restored to health without weaning her child.

Case Second.—Mrs. ——, aged twenty-three, with her first child, had a protracted labor. At the birth, there was considerable hemorrhage, with an inability of the womb to contract firmly. The placenta was removed in ten minutes after the birth of the child, and the usual means resorted to in post partum hemorrhages; but regardless of these means, the discharge of blood was considerable, and the patient had to be stimulated and tightly bandaged with a large compress over the abdomen. In a few hours, reaction was fully established, and she expressed herself as feeling very comfortable. All went on well from this time, with the exception of a too free discharge of lochia. This kept her enfeebled, but there was an abundance of milk, appetite good, and she slept well. At the termination of the month, she rode out several times, and attempted to attend to her domestic affairs, but soon her mouth become sore,—ash colored spots appearing on the lips, cheeks and tongue, with a free discharge of saliva from the mouth; chills, followed by fever; thirst; inability to eat or sleep; pain in the face and head; sick stomach, vomiting and

very restless—urine scanty, red and depositing a brick dust looking sediment. Lochia profuse, pale and thin. The ulcers in the mouth soon become confluent; tongue red, fissured and apthous, and very sensitive to all kind of food and fluids. Creosote wash, chlorine and various other preparations were all used in their turn. Bowels were moved with the magnesia and anodyne draught—tincture of nuxvomica in twenty drop doses in water to allay vomiting. In the course of a few weeks the mouth and tongue healed, but were of a smooth polished surface. Appetite good, and craved the grossest kind of food, which was relished while eating, but was vomited up in twelve or sixteen hours; soon after which she would complain of a gnawing and sinking in at the pit of the stomach. Thirst, and after drinking the fluid, it would be rejected. The tincture of nuxvomica at this stage would give prompt relief, and often soothe her into a tranquil sleep. The tartrate of iron and the iodide of potassa were administered during the interval three times a day with every prospect of benefit for some time.—The citrate of iron and quinine also was freely used, as well as the mistura ferri composita. The child was weaned; as soon as the milk began to fail, which was in a few days, and every thing was done to nourish the patient. The disease now extended to the rectum and vagina. The anus was surrounded with ash colored sores; fissured and swolen. Defecation was attended with pain equal to labor,—fæces hard, dry, and coated with mucus and blood. An anodyne enema was indispensable to tranquilize the system. This state lasted for three or four weeks, accompanied with occasional despondency, at times amounting to almost mania. It was also attended with leucorrhœa, which was relieved by the injection of a solution of acetate of zinc. She had now become emaciated; skin pale, shining and tightly drawn over the bones; with a white, pearly look, as if bloodless. Appetite variable, cheerful one day, desponding the next; feeble; limbs stiff and cannot bear to be moved unless under the influence of an anodyne. Mouth tender and inflamed, with an occasional sore on the tongue or cheek. Pain in the face; some cough; slight expectoration; fever and night sweats. The face, in a day or so, became bloated; extremities swollen; complained of tightness and a difficulty of breathing; cough increased; dyspnœa; anxious countenance; stupor, and finally death—being about three months after her confinement.

WM. H. McKEE, M. D.

Raleigh, N. C., April 17th, 1857.

[APPENDIX C.]

REPORT OF DR. H. KELLY,

On the Diseases most prevalent in Iredell County, from May, 1856, to May, '57.

In compliance with a resolution of this society at the last annual meeting, I beg to offer the following statistics of the diseases encountered in Iredell county during the last year:

In summer and autumn, we had a good deal of bilious remittent and intermittent fever, especially on the large water courses. The treatment was that usually followed in fever, with the exception of the liberal exhibition of quinine, which could not be borne by the patients, as well as in miasmatic districts. I think that quinine, in large doses, disagrees with patients, from the fact that nearly all cases of fever, of whatever description, in this region, have an inflammatory tendency, and particularly so to gastro-enteritis.

Epidemic dysentery, or flux, also prevailed in several neighborhoods of this county. The treatment has been confined to the use of castor oil, ol. terebinth, and opium in some form; astringents administered per mouth as well as rectum; and with some physicians mercury, generally combined, in some form, with opium. The treatment most successful for this species of dysentery is the exhibition, at the onset of the disease, or within forty-eight hours thereafter, of cal. grs. 20, and jalap grs. 15. If, after this operates, the liver and intestinal tube are not relieved of the congestion, which is always present, repeat the calomel at the end of twenty-four hours; you will then have little to do but keep the bowels controlled, by the use of any of the preparations of opium, at intervals of four or five hours. The diet, through the whole course should be rice-water, boiled flour, and panada, always avoiding animal diet and soups,—more particularly that of chicken; this I have always found injurious. Among the broths that may be used,—mutton, which seems to agree well with patients, and is sufficiently nourishing, should take the precedence.

During the past winter pleuro-pneumonia prevailed to a very considerable extent. The usual treatment was pursued. We found that patients bore depletion by the lancet, and larger doses tart. emetic, much better than in neighborhoods where intermittent fevers are common.

Pseudo-membranous sore throat prevailed epidemically during the winter and spring. The treatment was, at the commencement, venesection; an emetic of ipecac, followed by

calomel in divided doses, blisters to the nape of the neck and behind the ears, and stimulating liniments to the neck and sub-maxilary region. Emetics had to be repeated, occasionally, throughout the course of the disease. Local applications to the fauces, of the mildest kind, and in the form of gargles, had to be resorted to, viz: vinegar and water, a very weak solution of sulp. copper, alum, oak bark, &c. &c. We found that the local application of nitrate of silver—either dissolved or in the solid state—or hydrochloric acid, always increased the tumefaction of the glands of the neck to an alarming degree; in some cases producing dyspnœa and death in a few days. Diluent drinks should be given; tonics and stimulants are required in the latter stages of many cases. The pseudo-membranous deposite was more extensively and more rapidly formed than is usual. The deposite of false membrane did not only extend to the larynx, trachea and bronchia, but also, in a large number of cases, to the lips and chin. The genital organs, particularly of female children, were sometimes implicated in the disease. It extended also to blistered surfaces in various parts of the body.

Cerebro-spinal meningitis occurred, epidemically, during the past winter and spring: in some neighborhoods, it was very fatal; patients frequently dying within thirty-six hours after the attack. The majority of those who died with this disease, withstood it from forty-eight to seventy-two hours.—If they passed the latter period, convalescence took place slowly. The treatment, in the early stage of the disease was bleeding, cupping and blistering to the back of the neck—extending some distance down the spine. Internally, calomel, grs. 111, ipecac, grs. 11, every three hours for fifteen or eighteen hours, particularly if there is constipation, or a want of healthy action of the liver, which I always found to be the case. It is of the utmost importance to push the mercury to its constitutional effects, if the disease be not subdued. After the inflammation has subsided, the exhibition of quinine, combined with small doses of ipecac, and, occasionally, opium or morphia, will do much good. Pediluvia should also be used, should there be any coldness of the extremities.

UTERINE POLYPUS.

The following case may be of some interest to the profession: Miss J. E. K., a maiden lady, aged forty-one, sent for me in great haste to treat her for uterine hemorrhage, which had continued for six weeks without a day's intermission. I found her very much exhausted, and succeeded in arresting

it completely in twenty-four hours. She partially regained her strength, but at each return of the catamenia, she had hemorrhage for several days after. I stated to her the necessity of an examination per vaginam, to ascertain, if possible, the real cause of her excessive flooding. She refused to submit to the examination. From this time I discontinued my attention to her, and in a short time she sent for another physician, who attended her for some two years without any success—her condition growing gradually worse. She was confined to her bed with an exhausting diarrhœa, together with hemorrhage, hectic fever and night sweats. At this time I was summoned in great haste to relieve her of stranguary. On attempting to intoduce the catheter, to my surprise I found the vagina completely impacted with a polypus. It so completely filled the vagina and pelvis, that the catheter could scarcely be passed into the bladder; the pressure on the urethra and rectum was so great that it was with difficulty that the urine and fæcal matter could be discharged.

After explaining to her the nature of her affliction, and the danger of farther delay, (she having abandoned all hope of recovery,) she readily consented to have it removed by ligature or otherwise. I had Dr. Keohn, of Stanly county, called in, who is a very skillful surgeon; and after repeated efforts, we could not apply the ligature around the pedicle; the cavity being so completely filled that we could not introduce more than one finger at a time, and that with great suffering to patient. From the anemic condition of the patient, we had to leave her for a time with little hope of her recovery. The after treatment was directed mainly to sustain the system. and, if possible, to arrest the further growth of the polypus, The sulph. of quinine, aromat. sulph. acid and tinc. opii. were all used in their turn, with marked benefit. Sulph. zinc 60 grs., dissolved in 8 oz. water, was used morning and evening, by injection into the vagina with a uterine syringe, curved so as to pass behind as well as in front of the mass. In two weeks the hemorrhage was arrested: the polypus presenting to the sight and touch the appearance of honey-comb. This treatment was continued for six months, with intermissions of a day or two every week, towards the last. She continued to improve steadily; and in nine months her health was entirely restored, and she has enjoyed uninterrupted health ever since; and is now, (about four years from the date of her recovery,) quite corpulent.

The catamenia ceased during treatment, and the polypus was considerably reduced in size, and still continues so.—Will it require further treatment?

A CASE OF POISONING

By Tincture of Cantharides—April 1st, 1852.

The subject was a mulatto child, aged two years, nine months. Its mother by the direction of a physician, procured an ounce of tincture of cantharides for her own case; an elder brother of the subject, in the absence of the mother, got the phial and persuaded the child to drink a dram. It swallowed at least two-thirds of the contents of the phial.—In a short time the child became very sick and restless, making frequent efforts to vomit. Two hours and a half thereafter, an almost incessant vomiting set in, which continued for some two hours, when it was discovered that the child had taken the poison. On my arrival, five hours after the poison had been taken, it threw up what the parents supposed to be a worm. This, however, I discovered to be the mucous membrane of the esophagus entire, (which I have preserved in alcohol); length four inches and a half. I ordered a tablespoonful of flaxseed tea to be given every fifteen minutes, which was rejected immediately. Slippery elm was also used, and with the same want of success. At 8 o'clock, P. M., I gave equal quantities of water and sweet milk, in the same dose, at intervals of twenty minutes. This was retained a little longer. At 1 o'clock, A. M., it would remain from three to five minutes before rejection. 4 o'clock, A. M., no urine or fæcal matter had been discharged. An injection of flaxseed tea was administered and repeated within an hour, without bringing away any fæcal matter. I then prepared another injection, composed of olive oil and molasses—a drahm of each—and 4 oz. castile soap suds. After this injection, there was a copious discharge of fæcal matter, as well as a small quantity of urine, highly colored, without any trace of blood, as might have been expected.

2 o'clock, P. M., patient better. Continue milk and water; every third dose give flaxseed tea, or slippery elm.

10 o'clock, P. M., patient retains drink from 10 to 15 minutes.

3d day 8, A. M., patient is improving; same treatment continued; drink every hour; short naps of sleep obtained occasionally; passed a small quantity of urine, still highly colored; another injection brought away fæcal discharges from the bowels, without any appearance of blood; drinks were retained 15 or 20 minutes.

8 o'clock, P. M., patient improving and retaining drinks given alternately with rice water.

4th day, 6 o'clock, A. M., patient slept more during night, and fever, which has been high from beginning, is

abating and emesis not more than once in every two hours.

5, P. M., patient vomited but once since last visit; is clear of fever; urine assuming a natural appearance but small in quantity; an injection was administered which had the desired effect. From this time, convalescence took place rapidly; the direction was of the mildest kind. In a week the patient had entirely recovered.

H. KELLY, M. D.

STATESVILLE, N. C., April 29th, 1857.

[APPENDIX D.]

REPORT OF DR. J. J. SUMMERELL,

On the Diseases of Rowan County.

CASE 1ST.—*Fracture of the Skull, with injury to the Brain.*—During the latter part of May, 1856, I was called to visit W. J., at Gold Hill, in consultation with Dr. J. Wilson, of that place. The patient was a robust man, aged 35 or 40 years—by occupation a miner.

About three o'clock in the morning of the day of the accident, he was ascending a shaft 350 feet in depth, and when about 30 or 40 feet from the bottom, and consequently at a distance of 300 feet from the mouth of the pit, a piece of slate-rock falling from the top, struck him on the head and precipitated him from the bucket. He was taken up in what was thought a hopeless condition; reaction came on, however, and I saw him at eleven o'clock, A. M.

On examination, I found a severe wound on the left side of the head, at about the middle of the parietal bone, and on making a V incision through the scalp, I found that the piece of slate, breaking through the hard glazed miner's cap, had driven before it a piece of the skull of an oblong shape, and about an inch and a half long. The dura mater was ruptured, and one end of it deeply imbedded in the substance of the brain. The fragment of bone was detatched from the cranium, except at the upper corner, where it was held by a few spiculæ.

There was no other fracture, and no other depressed bone; so the operation consisted in loosing the piece of bone from its imperfect attachment at the upper corner, and removing it by the forceps. On introducing the finger into the wound, I found some splinters of bone, which had been shivered from the inner table; these were carefuly broken off and removed. I discovered, also, some bits of a hard substance buried in the

cerebrum, which, when taken out with a small pair of forceps and examined, proved to be fragments of the slate which had caused the injury.

There was but little hemorrhage, and no paralysis, but symptoms of great cerebral excitement. The mind of the patient dwelt upon matters occurring around him at the time of receiving the blow. He was in a great rage with some workmen laboring about 80 feet up the shaft, and it was in order to enforce some disregarded order, that he had begun the ascent. His oaths and ravings were shocking, and so violent were his struggles and efforts to pursue and attack the objects of his wrath, that four stout men were needful to hold him down upon his bed. His pulse was about 100, of medium force, and regular.

After joining the edges of the wound by means of two stitches, one on each side, a corner being left open for the escape of blood and other matter exuding from the wound, the treatment prescribed was the utmost degree of quiet attainable under the circumstances; bladders of crushed ice to the head, free abstraction of blood from the arm when the pulse indicated it; purgatives of calomel and jalap, and the impression thus made upon the bowels, kept up by small and repeated doses of epsom salts and tartar emetic.

I left Dr. Wilson to carry out the treatment, which he did in every particular. He was obliged to use the lancet several times, and in the course of two or three weeks, nearly 30 bushels of ice were required for the local applications. For seven or eight days, the patient lay in the same state of violent delerium, but at the end of that time, symptoms of a change appeared. It was a singular fact, that the first sane exclamation to which he gave utterance, was a fierce order to the offending workmen to give him the tool of which he was in quest at the moment of the accident.

In three months' time the wound had entirely healed—and his mental faculties seemed unimpaired. He resumed his duties, and has since enjoyed perfect health.

Case 2d.—*Compression of the Brain without fracture of the Skull.*—J. R——, a boy about 11 or 12 years of age, started for the mill on a blind mule, May 28th, 1855. In consequence of a light shower of rain, the ground was very slippery, and the mule fell while crossing the rail road track, throwing the boy, whose head struck the iron rail. He was taken up shortly after, and the family having sent immediately for me, I saw him about an hour and a half after the accident. At that time no reaction had taken place; pulse hardly perceptible; extremities cold. He could not be perfectly aroused, and soon

relapsed into stupor. A bruise was to be seen on the left side of the head just above the ear, but I could detect no positive indication of fracture of the skull. I thought it at first a case of severe concussion of the brain, and ordered warm and stimulating applications to the spine and extremities, forcing him with some difficulty to swallow some brandy and water.

Revisiting him after an hour or two, I found the pulse tolerably full and frequent—the breathing stertorous, but slow and labored. There was entire paralysis of the right side,—pupils of the eyes dilated and insensible to light. I examined the head again, but could find no evidence of fracture, and my diagnosis was compression of the brain, caused by a clot of blood from a vessel ruptured by the blow.

On acquainting the family with the nature of the case, and the slender chance for his recovery, unless an operation were performed at once, the parents requested me to do as I thought best; and having obtained the assistance of my friend, Dr. Nesbitt, I prepared to trephine the skull.

After cutting through the scalp we found the periosteum separated from the bone, but no fracture. Turning back the flaps, we proceeded carefully with the trephine, and on removing a piece of the bone we found that we had come directly upon the clot, which was very large; after carefully removing the clot by means of a scoop, we had the satisfaction of seeing the brain resume its proper position, while the stertorous breathing became natural, and the paralysis soon disappeared. In a few hours consciousness returned, and we found him next morning quite rational.

The wound was closed by adhesive straps and stitches.—The after-treatment was strictly antiphlogistic. V. S. twice, free purgation by means of calomel and jalap, salts and tartar emetic in small and repeated doses, with ice to the head. Everything went on well, and in three weeks time the boy was walking about. The wound healed almost entirely, but there was occasionally some discharge, which led me to suppose that there would be exfoliation of the bone, to the extent that the periosteum was separated. From time to time, I removed small scales, the last piece coming off about six months after the accident, long after the lad had resumed his position at the plough handles. There now remains merely a slight depression to mark the place of the injury.

The point of interest in this case was, whether or not the operation was justifiable under the circumstances. There could be no doubt about the compression; it was almost certain that it was not produced by depressed bone, and equally as probable that it was produced by a clot. All that we had

to assist us to decide on the place to make the incision in order to remove the bone, was that the paralysis was on the opposite side to the external injury; and although this may be regarded as insufficient ground for our procedure, still the hopeless condition of our patient, together with the strong probability of the existence of the clot, influenced us to operate, a proceeding which, carefully instituted, could not materially diminish the chance of recovery, but which, if the right spot could be found, would (as proved in this case) save the life of the patient.

CASE 3D.—*Delirium Tremens, following an attack of Pneumonia.*—J. C.——, a dealer in tobacco from Patrick Co., Va., aged 35 years, was attacked by pneumonia, May 5th, 1854.

This case presents nothing interesting in itself; and, but for the disease which made its appearance at the decline of the inflammation of the lungs, would not be mentioned as deserving particular attention. The treatment was that which I usually adopt in plain uncomplicated cases of pneumonia, viz: tartar emetic in doses barely tolerated by the stomach during the day, with calomel and Dover's powder at night. V. S. cups, etc.

On the sixth day there were all the indications of approaching convalescence. On the seventh I found him up, and he stated to me that he was quite well, but that some one had been all the morning trying to shoot him through the window. The people with whom he was living told me that he had been walking about the yard that morning, and had seemed much annoyed and disgusted by the many loathsome objects which he fancied he saw on every side; nor would he be persuaded that these objects existed merely in his imagination.

Here was a plain case of delirium tremens, and of course I made inquiry as to his habits of life. To my great surprise I found that he was strictly temperate, seldom tasting spirits, and had never in his life been intoxicated.

The usual treatment was instituted—brandy and opiates—until sleep was obtained. He continued restless and excited, with occasional paroxysms of terror for about three days, when sleep overpowered him, and he recovered by degrees his right mind. Nothing unusual happened during his convalescence; he was much prostrated at first, but soon regained health and strength.

I have never heard of a similar case, and hence my desire to bring it forward as an uncommon association of diseased action. I do not pretend to offer any satisfactory explanation why the delirium in this case followed the subsidence of the pneumonia; but will mention, that the patient was, from the beginning of his illness, much alarmed—never before having

been sick—and being absent from home and among strangers. His mind dwelt on relatives, home and friends whom he feared he should never see again. His fears and anxieties, thus kept up for several days, may have produced the requisite amount of cerebral excitement *on the decline of the pneumonia to cause the delirium*, just as the sudden withdrawal of alcoholic stimulants acts as the exciting cause of mania-a-potu.

J. J. SUMMERELL.

SALISBURY, April 15, 1857.

[APPENDIX E.]

REPORT OF N. J. PITTMAN, M. D.,

On the Diseases of Edgecomb County.

In accordance with a resolution passed at our last annual meeting, relative to reports on the prevailing diseases of the different counties of the State, I now offer the following brief remarks:

During the past year we have had in Edgecomb county bilious remittent fever to prevail more generally than it has done for the preceding eight years. Our summer and autumn were unprecedentedly hot and dry; the spring months having been cool and wet. The type of fever that has prevailed with us since the spring of 1855, has been of a continued character, assuming often a typhoid or adynamic form, and occasionally we have had genuine idiopathic typhiod fever, answering admirably to the description of Louis, Wood, Stokes, and others. I saw much of this low form of fever during the summers and autumns of 1853, '54 and '55, but not to exceed five cases during the year of 1856; and it was a remark of our physicians generally, in Edgecomb and the neighboring counties, that the character or type of the endemial disease had changed entirely. In the treatment of the bilious remittent fever that visited our section of country during the last year, there was no special or novel plan of practice instituted. We relied principally upon mercurial cathartics, the sulphates of quinine and cinchona, diaphoretics, blisters to the epigastrium, nape of the neck and spine, as symptoms seemed to demand. Intermittent fever also prevailed extensively; perhaps more so than for many years previous; but in a general way, it seemed to yield readily to the judicious administration of the sulphates of quinine and cinchona, with an occasional mercurial cathartic. I think there was a greater tendency to relapse than I had observed

before. This form of fever seemed to have originated from the same source that gave us the remittent fever; as in whatever locality the one prevailed, the other was sure to demand our attention. The prevalence of intermittent fever has continued through the past winter, as the diseases peculiar to the cold season often assumed, or were complicated with, regular exacerbations and remissions, which were controlled by the exhibition of the sulph. of quinine and cinchona. In fact we rarely conducted any of the inflammatory affections of the past winter, either of mucous, serous, or fibrous tissues, to a successful result, without the free administration of the salts of cinchonia; nor did we rely upon them as stimulants or sedatives, but for their antiperiodic influence; thereby rendering other symptoms, whatever their gravity, more amenable to treatment.—During the past year we have had an epidemic of dysentery, commencing in the month of May and continuing until November, reaching its culminating point in the latter part of July. It prevailed in every section of the county, assuming, in some localities, a very malignant character. It seemed to be irrespective of person or place, as it attacked with equal severity all classes of society, often prevailing with much malignancy and fatality in elevated localities remarkable for their salubrity and immunity from disease. It prevailed in several of the neighboring counties. In Bertie it assumed a very malignant form—particularly among the slaves on the low lands of the Roanoke, destroying them in a few days. One feature worthy of note among the fatal cases was the entire absence of pain for two or three days before death.—The discharges were often copious and of a dark, grumous character. These symptoms were also observed in several severe cases that recovered. We saw none of these cases, but had the report from a medical friend under whose professional care many of them came. Those that came under our observation, either in the early or latter stages, had much pain and tenesmus, with bloody mucous discharges often repeated. We not unfrequently found them complicated with bilious remittent and congestive forms of fever, which added much to their gravity. The treatment that proved most satisfactory in our hands was the anodyne and mercurial, with injections of the subnitrate of bismuth. We relied almost entirely upon the following combination, when there were no serious complications:

Mass. Hydrarg., grs. xxiv.,
Pulv. Ipecac.,
Pulv. Opii., each grs., xii.,
Syrup. Rhei Aromat., q. s.,
Ft. Mass., divide in Pills, xii.;

one of which was to be taken every fourth or sixth hour, as the urgency of the symptoms seemed to demand; at the same time thirty or forty grains of the subnitrate of bismuth, suspended in iv. ozs. of a solution of starch, to be thrown into the rectum, and repeated every third or fourth hour. To the enema we often added fifty drops of the tinc. opii., or one or two grains of the drug rubbed up in a little water. We also advised mustard poultices, alternated with hot fomentations to the abdomen. We rarely found any relief from the application of blisters to the abdomen, or the administration of pellets of ice;—this latter means we knew to be productive of injury in more than one case. In the mild form of the disease and the diarrhœa, we often prescribed, with prompt relief and permanent good, the following combination:

Paregoric, Elixir. 2 ozs.,
Syrup. Rhei. Aromat., 2 ozs.,
Sodæ Super. Carb., 2 drachms.

Dose for an adult—a tablespoonful every fourth or sixth hour, according to the urgency of the symptoms;—for children a less quantity: the dose to be regulated according to age, the tolerance of opiate medicines, &c. Many of our patients were relieved by this prescription alone. We found several physicians relying on the saline treatment, others on astringents; some on calomel and opium exclusively; others on castor oil and spirits turpentine; and we saw one giving French brandy and the spices. All of these plans of treatment, however empyrical, had their advocates who boasted of their success. If we found any one thing (save opium) more generally resorted to in the management of this disease than another, it was the application of a blister to the abdomen, and strange to say, I believe it was productive of less benefit, either temporary or permanent, than any other means, unless the peritoneum was implicated, and then, (in our opinion,) it was often abused, being applied at too early a date.

In addition to the treatment detailed above, we often had to exhibit the sulphate of quinia, and cinchona freely to control chills, not an unfrequent complication, which often assumed a severe congestive form, adding much to the gravity of the case. Two patients in one family in the practice of a friend of mine, died in this condition; one on the fourth, the other on the fifth day after the attack. Quinine was being administered when the economy was invaded by the insidious monster, whose approach was not expected at the time.

This disease generally ran its course in twelve or fourteen days, when not cut short by treatment, though it occasionally

assumed a chronic form, and continued for weeks or months, for which condition we rarely failed to give relief by the administration of the crystalized nitrate of silver, in doses of half of a grain in combination with half of a grain of opium, three times daily in the form of pills; injections of the subnitrate of bismuth were also administered as directed above, though not so often.

We also had sporadic cases of measles, scarlet fever, and one case of small pox in Edgecomb county. I saw or heard of nothing unusual in the management or treatment of these maladies. I believe none of them took on anything of a malignant character.

It may not be uninteresting here to state that the last time that measles were introduced into our community, (a few days since,) it was by means of a cloak that had been worn by a patient in a Northern city during an attack of this disease, about the 15th or 20th of January last. Two months afterward the subject of this attack, (a medical gentleman, native of our county,) returned to this vicinity. The cloak had been worn on the route home, and for several days preceding the trip. After this gentleman reached home, the garment was thrown about his chamber for two weeks, and was then worn by a brother about the farm. This young man contracted measles, after which several other members of his family were sick in the same way. None of these people had been exposed to measles, nor was there a case of the disease in the county at the time when the young man fell sick.

Many authors upon the subject tell us that measles may, and do sometimes, originate spontaneously. Admit such to have been the fact in this instance, which is possible, but not probable, it is a coincidence worthy of observation, that the individual who wore the cloak should have been the first by several days to have had the disease.

The case of small pox mentioned above was of the confluent variety, and contracted in the North. None of the attendants on this case had the disease, though unprotected by vaccination or previous attack of small pox.

CASES OF SURGERY.

Since our last annual meeting, the following surgical cases have come under my care:

Vesical Calculus.—Subject, a negro boy, aged six years.—Operation of lithotomy, (lateral,) May 23, 1856—stone, lithic acid—a curious specimen in shape; weight, ½ oz., less a few grains. Recovered.

Fracture of the Anatomical Neck of the Humerus.—Subject,

a man servant, aged 40 years. This patient was thrown from an unruly horse on the shoulder. Upon examining him one hour afterward, I found this joint slightly swollen, with its rotundity admirably preserved. There was great pain and total inability to move the arm. Upon rotating the elbow and grasping the shoulder firmly, crepitation was distinctly detected. This man was treated with a pad in the axilla, and the second bandage of Desault for fractured clavicle, and made a perfect recovery in three months.

Colloid, Gelatinous Cancer, situated on the inner part of the right thigh, had existed four years and had attained the size of an ordinary child's head at birth. The subject was a negro man, aged about 50 years. He was anxious to have this tumor removed, as apart from the pain induced by its pressure upon the femoral nerve, it was a matter of serious inconvenience in locomotion. *Operation.*—The entire mass was removed with the integuments. I found it dipping deep among the adductor muscles of the thigh. The femoral vessels were necessarily exposed. The operation was rather a tedious one —a few vessels only were tied, the blood lost being nearly all venous; the surface exposed, though large, granulated beautifully, and filled up rapidly under cold water dressings, and mild unguents; and at the date of this paper, (eleven months since the operation,) there seems to be no tendency to a recurrence. Upon examination, this growth consisted mainly and characteristically of a pale yellow, diaphanous gelatine, and between the follicles there were inconsiderable columns of fibres interwoven. I also found, without the aid of a glass, blood vessels entering freely into its composition. The cells were found to be analagous to the pus cells, though they were insoluble in acetic acid, which Vidal tells us dissolves pus readily, and not cancer globules. According to Mulder, the main constituent of alveolar cancer does not occur at all in the healthy body. Cruveilheir describes this affection under the head of Areolar Cancer—*Cancer Areolair.* The parts most liable to this form of disease are the stomach and the large intestines, the serous membranes, and the peritoneum in particular. None of these parts seemed to have been affected in our patient; and as he had suffered but little constitutionally, may we not reasonably entertain the hope that his malady will not be reproduced. Rokitansky tells us that "pure gelatinous cancer is the least malignant of any, and unless it prove exhausting, by dint of surpassing volume, a dependent cachexia is less pronounced than in other cancers. It is for the most part solitary, although somewhat prone to extend to contiguous organs."

Polypus Uteri—Mucous. Attachment just within the cervix, had been the source of much annoyance, hemorrhage, &c., for two years. Patient a lady, aged 42 years. Operation in October. Tumor removed by means of the forceps and cauterization, (Mr. O'Grady's instrument.) There seems to be no tendency to reproduction. The uterus is now healthy and of normal size.

Contraction of the Small Finger on the Palm of the Hand, with firm adhesions, the result of a severe burn two months since.—This subject, a valuable farm hand, aged 21 years, was presented for amputation of the finger, an attempt to relieve the deformity and inconvenience having failed on a former occasion. Upon examination of the case I thought, by a simple operation and a little management, the finger might be retained, and would add something to the comeliness of the member, if not materially to its value; but upon dissecting its attachments loose from the palm of the hand, I found the flexor tendon destroyed entirely, and the middle joint of the finger so seriously malplaced and anchylosed, that I had nothing left me but amputation of the finger, or resection of the joint. I preferred the latter, knowing as I did, that one of the true principles of surgery is to mutilate as little as possible. I accordingly removed, by means of the saw and bone nippers, half of the first and second phalanx from the metacarpal bones, respecting the nerves and blood vessels, and leaving as much of the integuments as possible. The operation, though a little tedious, was not a very painful one; the finger was then semi-flexed and maintained in this position by well adjusted splints to its back part and outer side, and thus confined by means of narrow strips of adhesive plaster I applied cold water dressings to the parts for six or eight days; after which simple ointments, and occasionally the nitrate of silver to control the exuberant granulations. At the expiration of four weeks I dismissed this man in a very satisfactory condition, the deformity being too insignificant to attract attention, except upon the most careful observation. The cicatrix is smooth, and not liable to crack and ulcerate as those from a burn. Patient can flex or straighten the finger with the thumb of the same hand, and it generally retains the position in which it is placed until moved again with the thumb or the other hand. Though the finger is not of much real use, this condition of things is far preferable to amputation. The operation of excision of joints or resection was performed as early as 1781, but met with little favor with the profession until within the last few years, during which it has been practiced with the most gratifying results

on the larger joints by many European and several American surgeons; and has been justly styled one of the great triumphs of conservative surgery.

Rupture of the Perinæum and Rectum, of ten months standing, the result of the birth of the first child. The subject, a stout healthy lady of 21 years of age. The rectum was lacerated for an inch. *Operation:*—The edges of the parts were pared by the bistoury and scissors, and brought together by means of the quilled and interrupted sutures, after the manner suggested by Mr. Isaac Baker Brown, of St. Mary's Hospital, London. Though this operation was not entirely successful it has contributed much to the relief of my patient, and another very simple operation, which I propose performing, will relieve her entirely.

Abscess of the the Left Antrum, of five years standing. Subject, a robust and healthy looking lady of 25 years of age. This patient had been treated for ozena by more than one physician, a profuse and offensive discharge from one, and sometimes both nostrils, having induced them to suspect disease of the bones of the nose. These I found in no wise affected. *Operation:*—Extraction of the second superior molar tooth, and perforation of the antrum with a strong trocar. The antrum was injected with a caustic solution of iodine every third or fourth day for two weeks; then with astringent injections every day for a week, when the discharge ceased; since which time the patient has not suffered from her old malady which had almost made life a burden for years.

Two cases of Fracture of the Acromion Process at its Root.—both occurring in negro girls between the ages of 18 and 22 years.—One was the result of a direct blow on the shoulder; the other of a fall on the elbow. *Treatment:*—After placing a pad between the side and elbow, I applied a firm bandage and sling to fix the position of the arm and fore-arm; this raised the elbow, and consequently pushed the acromion up by means of the head of the humerus. The cure, though a tedious one, (six months,) is satisfactory, the motions of the arm being now perfect.

Transverse Fracture of the Shaft of the Femur.—Injury was sustained from a direct blow. Subject, a feeble, delicate man, aged 51 years, with club-foot, in consequence of which condition I could not satisfactorily make extension or counter-extension. Under the circumstances, I applied the starch bandage of Baron Suetin, which answered the purpose admirably well, as our patient is none the worse deformed in cosequence of the fracture, having made a good recovery.

Might we not resort to this manner of treating simple fractures oftener, with more comfort to our patients and with results none the less satisfactory?

Transverse Fracture of the Right Arm one inch above the Elbow.—This patient, a healthy boy of five years of age, came under my charge two months after the injury, for malposition of the fragments and anchylosis of the joint. The fore-arm was flexed firmly and pronated, supination being impracticable. I also found the arm short by three-quarters of an inch, the inferior fragment of bone in the union having overrode the superior. This condition of things was the result of a fall down a flight of steps, and inattention after the injury.—*Operation:*—Forcible extension and supination every eighth or tenth day, breaking up the adhesions, and active friction with an embrocation slightly stimulating. Under this plan, the motions of the fore-arm were perfectly restored in three months.

N. J. PITTMAN, M. D.

Tarboro', April 15th, 1857.

[APPENDIX F.]

REPORT OF OTIS FREDERICK MANSON, M. D., ON MALARIAL PNEUMONIA.

"O quantum difficile est curare morbus pulmonum!
O quanto difficilius eosdem cognoscere!" Baglivi.

Like an intruder into the precincts of some sacred temple, I approach the grand theme, pneumonia, enshrined as it is by Talent and consecrated by Genius, with mingled emotions of distrust, humility and awe. Whilst viewing the prolific productions of contemporaneous writers alone, it would seem that only a scanty gleaming could be made from the apparently exhausted field; but when in addition to these, we contemplate the vast labors and researches bequeathed by the mighty dead, the offspring of the greatest minds which have adorned our annals, it seems like a presumptuous daring to venture on the hallowed ground, and a voice as in warning seems to whisper the adjuration of the Poet—

"Heroes have trod this spot, 'tis on their dust ye tread!"

Yet, if considerations like these had ever usurped a controlling power, Science would surely have been a loser. As the lowly miner may pluck from its secret hiding place a gem worthy to deck an imperial diadem, so the humblest searcher into nature's mysteries may often elicit truths which have escaped the vigilance of his more gifted compeers.

In sketching this disease, however, it is neither my aim nor expectation to produce anything striking or original. It is my design to place upon record a simple description of its most conspicuous features as they are presented, as far as I am capable of observing and describing correctly, with my views of its nature, together with that plan of treatment most successful in its results. It is hoped that these efforts will not be entirely unattended with benefit however slight, for after all the thought and toil expended, the disease still often marches onward, bearing innumerable victims in its progress. In defiance of the inventions of the Materia Medica and pathological developments; despite the tactile test of Avenbrugger, or the glorious discoveries of Lænnec, by which science, like the Peri, before the "half-opened portal" of Paradise, listening—

* * * * "To the springs
Of life within like music flowing,"

is enabled to detect disease in their discord, we have still too often with Baglivi to lament the imperfection of the principles of diagnosis and the inefficiency of therapeutic art.

It cannot be doubted but that great confusion exists at present in regard to the various forms of pneumonia. It perhaps has occurred to every experienced physician, to have seen them all included in the same category, and treated in the same manner; errors to be deeply deplored, attended as they often are by the most disastrous consequences. Inflammation of the lungs, like inflammation of any other structure, may be altogether different in its nature, complications and terminations; and though technically included under the same term, its various forms require as totally opposite modes of management as the most dissimilar disease of organs the most remote in situation and unlike in function. One practitioner, with an eye solely fixed on the lung affection, resorts to the active antiphlogistics of sanguineous depletion and antimony, whilst another, warned by the results of such means, adopts the expectant or stimulant plan; whilst a third, led on by that spirit of generalization which has been the bane of our science, appeals to Cinchona in all cases, and under all circumstances.

Who is to blame? Assuredly we of the South! Studying

the works almost solely of British and continental writers, which, however perfect in all points for those regions, are sadly deficient for us, we force the forms of our diseases to bend to their descriptions, and blindly follow a treatment intended for varieties of disease we never witnessed. Consummate and fatal folly! Yet, year passes year only to note its repetition, whilst we, reclining in inglorious ease or censurable indifference, view the perpetuation of the error, knowing too that hundreds are yearly added to our ranks who will have to pass through the same trials and difficulties, and experience the same disasters we encountered, before they will be enabled to diagnose correctly, or treat successfully any diseases, save those common to all countries, without a warning, a sign or explanation from us to guide the neophyte through the labyrinth before him. Oh! awake, my friends! here is an open, unexplored path to usefulness and fame, an object to excite ambition, commendable in its pursuit, and glorious in its attaintment; the secret of whose possession is comprised in three words—Observe! Compare! Record!

The existence of a form of pneumonia, having some undefined connection with periodical fever, has long been known and noticed; but unfortunately for the student of the present day, the affection has not attracted the attention of recent investigators, and is only cursorily and imperfectly noticed by any of the modern standard authorities. The progress of pathology, the advance of therapeutics—and still more, the change of that which Sydenham termed the Medical Constitution of the period, render it imperatively necessary, not only for the attainment of correct views of the nature of disease, but even for the recognition of its physiognomy, that its descriptions should be often revised, if not altogether rewritten. This work to a great extent has been accomplished, in reference to diseases generally; but as this affection is chiefly seen in regions, if not inimical, at least not fertile in authorship, the task remains, (so far as we are aware,) for it unperformed. To supply this deficiency is not the expectation of the writer, but he trusts that he is enabled to afford some materials from his observation, which may be of some aid to those who have not possessed his clinical advantages, and to others more competent, who may hereafter direct their special attention to the subject.

In studying the works of the great master of physical diagnosis my attention, for several reasons to be explained, was early riveted to the fact therein related, of his having witnessed a form of pneumonia which promptly and certainly yielded to bark, whilst at the date of composing his immortal

treatise he extolled, in terms as equally decided, the contra-stimulant method of Rasori; at the same time justifying his former treatment, on the ground of the peculiarity of the epidemic. With eagerness I scanned every page, to learn the distinctive points of diseases having the same name and location, yet requiring such different modes of cure. This information was more ardently coveted, as I suspected that the affection, as it was generally presented to me, belonged to the former class. The search was, however, fruitless. This important and lamentable omission is, however, easily explained by the fact that he witnessed the first mentioned epidemic before his attention had been specially directed to diseases of the chest. Leaving his pages, I examined the productions of every author on thoracic diseases, to which access could be conveniently obtained; and although aid was received from many, towards the elucidation of the problem, yet their descriptions were so meagre, incomplete, and mingled with an exploded pathology, that I turned from them all to the bedside, to read in the volume of Nature the truths so necessary and important.

I beg those to whom these pages may come to leave out of consideration the humble source from which they emanate; to forget the faults and imperfections they may present, in the solemn assurance that the subject to which they are devoted is one of the most momentous importance to which their attention can be directed. In my opinion the phase of disease whose delineation is now attempted, is the form of pneumonia generally seen by southern observers; that its peculiarities are often unrecognized, being often confounded with simple typhoid and other varieties of pulmonic lesion. Not only this, but the assertion is here made that under proper management this disease, although of decidedly fatal tendencies, is more under the control of remedial agents than any of the so-called phlegmasiæ. If these declarations are true, how important is it that its features should be familiarly known, in order that it may not be confounded with diseases chiefly affecting the same organs, but so unlike in character and nature.

GENERAL COURSE AND PROGRESS.

Malarial pneumonia attacks suddenly, being almost invariably ushered in by a chill, which is frequently of a severe intensity, and attended with rigors of variable duration. In very grave cases, however, the system is prostrated almost beyond the capability to react, and a prolonged cold stage is the result. Death, however, rarely is produced from this cause in

the early stage, but fever, more or less developed, soon ensues. In some cases the patient seems for hours, and even days, to hover between the state of chill and febrile excitement. Pain in the side, of the pleuritic character, is generally next experienced, it being absent in very few instances. To the reactive fever dyspnœa and cough soon succeed. In some cases, however, the cough is tardy in its appearance, or is so slight at the commencement as to elude the notice of the patient and physician. Headache, nausea and vomiting are very frequent and prominent symptoms, and frequently precede the cough and pain; the fluids ejected from the stomach being usually of a bilious character. The cough is commonly dry at the commencement, or attended with an excretion of glairy mucus; sooner or later, however, the sputa becomes more or less tinged with blood, forming the pathognomonic ferruginous expectoration, the hues of which are as numerous as the proportions are in which blood and mucus may be mingled. Thus we shall see in some cases the latter merely tinged with blood; or, as more frequently happens, a uniform thin, bloody, frothy fluid is only seen, possessing but little viscidity or tenacity, whilst in some instances a pure and copious hæmoptysis is observed. Later, however, the expectoration is liable to great variations in color and hue, thus it may be of the various shades of brown, red and yellow commingled, and in the advanced stages may become green, or almost black. The febrile action presents decided peculiarities, being usually distinctly paroxysmal and remittent. The remissions are, however, sometimes obscure, and an active fever exists during the whole day and night. On watching the patient closely, however, a coolness of the extreme parts will be almost invariably observed, generally occurring daily and during the morning hours. This reduction of temperature may be confined to the ends of the nose, toes and fingers, either separately or combined, and in grave and rare cases, may extend over the entire extremities, or even the whole surface, amounting to a state of collapse. This coolness of the skin is not generally felt by the patient, but on the contrary, when it is present, he often complains most intensely of sensations of excessive internal heat, soliciting the introduction of cold air into the chamber; and, as we have witnessed, wishing the doors and windows to be opened, and the fires extinguished, when the thermometer stood below the freezing point near the bed of the sufferer. A marked increase of fever follows this insensible chill, which continues to increase in intensity, until an exacerbation, more or less perfect, is developed. The pulse which had been very fre-

quent and contracted in the chill becomes expanded, acquires force, and sometimes, though rarely, becomes full or tense.—The term *compressible* applies to the usual condition of pulse, and the idea entertained on its careful examination is, that the heart is acting with only a seeming force, and not with real vigor. In some few cases, the pulse has been observed to be *nearly normal*, or *morbidly slow*.

The respiration in the chill is more frequent, and the dyspnœa more urgent than in the exacerbation. The breathing is usually irregular, on account of the pleuritic pain, but when this is absent, or has been relieved, the respiration is often but slightly embarrassed in severe cases in the early stage. The disease continuing unchecked, the paroxysms usually become less marked, the respiration becomes more continuously frequent and difficult, the acts often exceeding 60 per minute; yet, in some cases of a grave character, the breathing is scarcely accelerated during the whole course of the disease. A new symptom now sets in. The patient, who before may have been entirely rational, or only slightly incoherent in sleep, or at the heights of the exacerbation, suddenly becomes wildly and persistently delirious. The cough now often ceases—the patient often breathing apparently better than when in a more hopeful condition. The tongue becomes brown, or black and dry, sordes collect on the teeth, and the skin and sclerotica assume a jaundiced hue. The delirium increases in intensity, the patient growing almost uncontrollable, and requiring force to keep him in bed; and when not watched, rushing out of the house when nearly pulseless and cold. Quiet only succeeds to this raving to be quickly succeeded by the curtain falling on this last scene in the agonizing drama.

Such are the usual phenomena presented by this affection, when left to the unassisted efforts of nature. Death, however, sometimes occurs, evidently from the embarrassed functions of the lung as in cases of the idiopathic disease, produced by an impermeable condition of its parenchyma.

The termination in health is marked by the gradual diminution of the symptoms, by the occurrence of diaphoresis; by a copious secretion of urine, and yet, more often, by the discharge of greenish, black, viscid, inodorous stools, closely resembling tar in appearance. These passages by degrees become of a lighter color, passing through shades of green and yellow, until they assume the natural hue. The expectoration becomes less colored, the sputa becoming more homogeneous, and gradually assuming the smooth straw-colored appear-

ance, characteristic of the resolution of pulmonic inflammations.

The disease, however, sometimes becomes chronic, with copious purulent expectoration, mingled with blood, the patient passing into hectic with the rational symptoms of phthisis, terminating in death. In more fortunate cases, the disease after many weeks, and even months duration, may give place to entire restoration to health.

PHYSICAL SIGNS AND PHYSICAL CHANGES, FIRST STAGE, ENGORGEMENT OR ACTIVE CONGESTION.

Advancing no claim to expertness in physical diagnosis, I feel a great hesitation in expressing my opinion in regard to the import and value of morbid sounds in this affection. I feel it my duty, however, to say that the crepitous rhonchus, regarded by Lænnec and his imitators, as the earliest pathognomonic sign of pneumonic inflammation in general, is not usually present at the commencement, or, indeed, any of the stages of this disease. That it is sometimes heard, we know, but that it is so commonly observed as to possess alone any very important signification in estimating the extent, precise seat or gravity of the disease, I do not with my present experience believe. Its pathognomonic value called into question at the time of its promulgation, by Andral,* Chomel,† Cruvelheir and others, has been more recently and strenuously contested by Stokes¶ and the celebrated Professor Skoda‡, of the school of Vienna. I therefore feel more confidence in candidly expressing my views. It is difficult, after perusing the works of Lænnec, Williams, Walsh, Barth and Roger, and others, and observing the positive declarations made by them in regard to the existence and value of this sound, to withhold a belief in their statements. On the other hand, it is equally impossible to consult the distinguished authorities above cited, without being convinced that they are penned by skillful and truthful observers. I do not know how these conflicting views can be reconciled, save by the supposition that their authors were observing different forms of pneumonic lesion.‖

If the peculiar variety of pneumonia now under consideration, or if this phrase is objectionable, if the condition of the organism with which inflammation of the substance of the lungs in the present disease is found associated, is widely different from that described by the majority of authors, then it is reasonable to suppose that some diversity in the physical

*Cl. Med. tome ii., 333. †Dict. de Med. tome xvii., 232. ¶Diseases of the chest. ‡Aus. and Percus. Markham's transl., 151, 157, 303, 306, 315, 323. ‖Lænnec's descriptions are evidently taken from cases of simple sthenic pneumonia.

signs would be observed. If, in this disease, as we shall contend, the pathological condition of the lung usually partakes more of the character of congestion, than open inflammatory action, then the absence of crepitation may be explained, without impeaching the testimony of those who have sought to affix it to the first stage of pneumonia, as the diagnostic sound. The presence of crepitating rale is justly and reasonably ascribed to the passage of air through the viscid pathognomonic secretion in the air cells and minute bronchi; that secretion being considered the result of inflammation. Now, although this fluid, as proven by its expectoration, is present in all varieties of pneumonia, yet it is usually more fluid, and more sanguineous in this than in simple pneumonia, and we should, therefore, rationally conclude that the passage of air through fluids of varying tenacity, density and composition, would produce sounds of a variable character.* Again, it often occurs in the early stages of this affection that the cough is unattended with expectoration, for several days; indeed, we have seen cases of the most violent character, terminating in death by apnœa, with expectoration scarcely sufficient in quantity to betray the character of the affection; the cough being dry throughout, and the dyspnœa extreme. Now, in these cases, we should be prepared to learn that no crepitation would be heard, or, if observed, not in proportion to the extent or gravity of the pulmonary lesion.—Again, in describing the anatomical characters of pneumonia, Laennec† admits that inflammation of the bronchia is a frequent attendant on the simple form, "its lining membrane being *commonly* very red," "occasionally swollen," "the redness sometimes extending over the whole bronchi." Now, if this be true, and who will gainsay it, how is it possible that sonorous, sibilous and mucous rhonchi should not be often heard, as maintained by Skoda,‡ and if present, drowning, according to Andral,§ the less audible sound of crepitation. But, as has been premised, as the anatomical character of this affection is doubtless an intense congestion of the parenchyma, associated, perhaps, in some degree, with inflammation, it is probable that the absence of crepitation in the large majority of cases may be thus explained.

In the first stage of this disease, we may have, therefore, the crepitating rale, or mucous rales, in varying degrees, accordingly as the character of the case may partake of inflam-

*Laennec himself only cites two cases of this form of pneumonia, in which the glutinous sputa and crepitous rhonchus were observed.—[Forbes' translation, 249.] †Forbes' transl., 220. ‡306. §Note to Laennec.—[Forbes' transl., 246.] It is traditionally well known in Paris, that even Laennec committed the error of confounding double capillary bronchitis with double pneumonia.—[Walshe, Amer. ed., 306.

mation or active engorgement. In many cases, however, the practitioner will fail to observe any morbid sound, although the concurrent symptoms may render the diagnosis positive. In these instances, the crepitating rale may sometimes be elicited by engaging the patient to cough forcibly, as advised by Barth and Roger.* Although, as I believe, crepitation is neither pathognomonic, at least of this variety of pneumonia, or confined to inflammatory affections of the parenchyma, being simply the sound produced by the passage of air through a viscid fluid in minute tubes; yet when present, its importance should not be undervalued, as when taken in connection with other signs and symptoms, it affords a valuble aid to diagnosis. There are however, as has been already indicated, other sounds observed in the first stage of this disease. Early in the invasion, in some cases on the first day of its existence, there is a copious sero-sanguineous secretion or exhalation present, obstructing the current of air in the bronchiæ, trachea and larynx. In these instances, we have, therefore, abundant bronchial, tracheal and laryngeal rales, which may be often heard at some distance from the patient. On the other hand, as we have observed, all sounds indicative of disease are absent. Dyspnœa, pain, cough, peculiar sputa and every other symptom may be present, yet no sound save the vesicular murmur, perhaps louder than in health, is heard, the chest being at the same time clearly resonant on percussion. In these cases the pneumonia is either central, or the secretion in the air-cells and finer branches of the bronchi may not be present in quantity sufficient to offer any obstacle to the transmission of air. Whatever explanation however, may be offered, I am fully persuaded, after careful exploration of the chest in many cases daily and hourly made, that at least in the early stage of this form of pneumonia, no abnormal sounds can often be observed.

SECOND STAGE, SOLIDIFICATION, HEPATIZATION.

These terms are synonymously used to denote that condition of the lung, in pneumonia, in which it is no longer permeable to the air, but doubtless are too often indiscriminately used. In this affection, as we have repeated and shall endeavor to maintain, the state of the lung parenchyma partakes more of the character of congestion than active inflammation.—There can be but little doubt but that in a great proportion of cases *some degree* of inflammation exists, as proven by the presence of fixed pain—the peculiar sputa and other symptoms; but often, as we have premised, the expectoration is of

*Prac. Treatise, Aus. Edinburg ed., 141.

a different character, partaking more of the appearance of diluted blood, or of a sero-sanguineous nature.* When, therefore, perfect dullness on percussion, and absence of the respiratory sounds, betoken condensation of the lung in this disease, it is not, in my opinion, due to an inflammatory process with lymph effusion, as in the frank form of pneumonia, and to which the term hepatization has been properly applied. We shall endeavor to substantiate these views when the nature of this affection is considered. Lungs, says Walshe,† which the naked eye would judge to be in the same condition in regard to their shares of air, fluid and semi-plastic substance, it is evident, acoustically, are in different physical states: Specimens of parenchyma apparently identical, are in reality widely different. In estimating the conducting power of lungs, there can be but little doubt that varying homogeneousness is a more important element than any so-called "solidification in pneumonia."

"Dullness," says Blakiston,‡ "will result from serous or sanguineous congestion of the cellular portion of the lungs in contact with the walls of the thorax, whether of a passive character, being the result of obstruction to the circulation, or of an active character, as in the early stages of pneumonia."

Andral§ considered hepatization to arise from congestion of blood and not from lymph effusion, and in this opinion Stokes also concurs. Blakiston‖ we think very reasonably concludes and cites experiments in proof, that in pneumonia there are two forms of solidification, one of which is produced by congestion, and the second by deposition of lymph.

Percussion Signs of Solidification.—"The thoracic walls," says Skoda, "beneath which the hepatized lung lies, yield a dull percussion sound, and their resistance is increased, provided the hepatized portion of the lung has the thickness of about an inch, and an extent greater than that of a plexiometer. The more extensive the hepatization, the duller is the sound, and the greater the resistance. If the sound is completely flat, as elicited in striking the thigh, then the lung is solidified throughout its whole thickness.

Auscultatory Signs.—According to Laennec, in hepatization the crepitous rhonchus and vesicular murmur are absent in the affected part, and this is frequently the only proof afforded of solidification having occurred, broncophony existing in certain cases if the inflammation is seated near the roots of the lungs, or in the superior lobes where the bronchial tubes are largest. When the pneumonia is central, broncophony is

*Prac. Treat., heart and lungs, 131. †In this disease the expectoration is usually an exhalation, and not the result of inflammation. ‡Prac. Obs. Dis. Chest, 37. §Path. Anat., vol. i, 511. ‖Diseases of Chest, 286.

absent or obscure, becoming more manifest if the inflammation approaches the surface of the lungs; this being easily accounted for, he observes, as a hepatized lung is a better conductor of sound than a healthy one, broncophony being nothing more than the resonance of the voice within the bronchi of the inflamed part. Bronchial respiration and bronchial cough, according to the same author, always accompany broncophony, and when the hepatization is near the surface and involves within it bronchial tubes of considerable size, then it is frequently accompanied by a sensation of blowing into the ear, (souffle dans l'oreille,) and if a thin portion of pulmonary substance not yet hepatized intervenes between the ear and the affected bronchi, the sensation denominated the veiled puff (souffle voile) is produced." The auscultatory sounds, as described by Skoda, more nearly accord with my limited experience. I however do not feel competent to pronounce on the correctness of his theory of consonance. He says: "Where the hepatized portion is extensive enough to contain within it at least one of the larger bronchial tubes, and if the tube contains air, is not obstructed, and communicates with the trachea, then the voice of the patient will consonate in the bronchial tube, and be heard either as loud or weak broncophony over those parts nearest the tube." "The respiratory sounds vary according to the nature of the rales in the larynx, trachea or bronchii, through which the air must pass before it enters the bronchial tube surrounded by the hepatized tissue. The respiratory murmur may alone be heard, or in addition to this, hissing, whistling and sonorous sounds, either separately or combined. If the hepatized portion of the lung be not large enough to contain one of the larger bronchial tubes, or if it be large enough, but the tube be filled with fluid or solid matters, or if the communication between the tube and trachea be obstructed by mucus, blood, etc., then neither broncophony nor bronchial breathing, nor high, clear rales, nor hissing, whistling, or sonorous sounds will be heard over the hepatised lung; the patient's voice will be *inaudible* or recognizable only as a dull muttering, and the respiratory murmur *indistinct* or *absent.*" Whether the explanation of Skoda is correct or not, I cannot say, but certainly in a large majority of my cases, neither broncophony, bronchial breathing or bronchial cough have been observed. I am inclined however, to attribute their absence to the fact that in this variety of pneumonia, the impermeability of the lung being due to excessive engorgement, and not to lymph exudation, it therefore does not possess the requisite density to make it a good conductor of sound.

THIRD STAGE—PURULENT INFILTRATION.

This is a very rare termination in this form of pneumonia. When present, the physical signs do not differ from those of solidification. A well-marked case of this condition came under my care, which was attended with copious purulent expectoration tinged with blood, being of a yellowish pink hue, the quantity evacuated being at least two pounds per day for several consecutive days. Laryngeal, tracheal and bronchial rales were present and distinctly heard at a distance of several feet from the patient. Percussion yielded a dull, flat sound over the whole thorax below the fourth rib, on each side, beneath which no sound of the voice, cough or respiration could be heard. Above this line percussion yielded a clear sound, and the ear discovered a coarse, humid rhonchus with large bubbles, evidently due, like the sounds in the windpipe above, to the passage of air through the abundant purulent secretion.

Signs of Resolution.—When this occurs, according to Laennec, in the first stage, the crepitous rhonchus becomes daily less perceptible and gradually yields to the normal respiratory murmur. When hepatization has taken place, its resolution is announced by the return of the crepitous rhonchus, (rale crepitant de retour rhonchus, rhonchus crepitans redux.) Skoda on the other hand maintains, and his views accord with my own observation, that the period of resolution is not invariably attended with the appearance of the crepitating rale, but in most cases is accompanied by a great variety of rales, or by whistling, hissing and sonorous sounds. In some rare cases, he adds, no rales whatever appear during resolution—the bronchial breathing being at first indeterminate and at last vesicular. "The crepitating rale, or rale resembling it," he adds, "is heard during the resolution of moderately severe cases of pneumonia; it is also occasionally observed in severe cases, at a more advanced period of the resolution, when the secretion has become scanty. In the greater number of cases the vesicular breathing does not return immediately upon the resolution of the disease; but we generally find after all the functions are restored to their healthy condition, and percussion no longer yields any abnormal sound, that the respiration still remains indeterminate, or that rales, or hissing, whistling, and sonorous sounds continue. Auscultation yields the same sound when the resolution is incomplete." In conclusion, this distinguished author thus sums up: "It follows from the above that the presence of pneumonia cannot be determined by the ausculatory signs alone; that these are often very indefinite, and that broncophony, bronchial breathing

and other sounds, as well as vesicular breathing and fine equal-bubbling rales are signs which of themselves do not enable us to draw accurate conclusions as to the condition of the lung parenchyma. In forming our diagnosis we must also take into consideration every other symptom attainable by percussion and by other means at our command."

DIAGNOSIS BETWEEN MALARIAL AND OTHER FORMS OF PNEUMONIA.

The varieties of pneumonia with which this affection is most liable to be confounded, are simple or idiopathic pneumonia and typhoid pneumonia. I shall therefore be necessarily compelled, in order to institute a comparison between these disorders, to glance at their predominant characteristics. I shall do this with all the brevity which the importance of the subject and my faculty of condensation will allow me to use.

Simple Pneumonia.—The celebrated Cullen, whose descriptions of the rational symptoms of disease were masterpieces of faithful delineation, and who doubtless drew his pictures from this form of pneumonia, says :* "Pneumonic inflammation, however various in its seat, seems to me to be always known and distinguished by the following symptoms: pyrexiæ, difficult breathing, cough and pain in some part of the thorax; and that for the most part the pulse is frequent, full, strong, hard and quick." This portrait of the affection continued to be the principal guide from the time in which he wrote until the occurrence of the modern discoveries in pathological anatomy and physical diagnosis. To the symptoms laid down by Cullen, we have therefore the important aids furnished by those valuable additions to our science. In drawing a comparison thus far between the general symptoms of these affections, we perceive at once a close resemblance, which would amount to identity, were it not for the dissimilarity in the character and variations of the pulse,—that in malarial pneumonia being frequent, soft, of moderate fullness, compressible and never or rarely very full, tense or hard. Nor is the circulation in simple pneumonia subject to the same diurnal variations. It is true that writers aver that in some cases of the latter form the fever is sometimes evidently remittent, but granting that these cases did not belong to the malarial diseases, (though we strongly suspect the contrary,) still I think that a marked paroxysmal character is seldom or never observed in the simple form. The regularly recurring cold stage is another guide to discrimination, seldom absent in the malarial affection, whilst in the frank form the skin is uniformly of an elevated temperature in the great proportion of cases,

*First Lines of the Practice of Physic, Amer. ed., N. Y., 1793.

generally being hot and dry at all periods of the day and night, whilst in the exacerbation of the former disease, the heat is more moderate and is subject to a daily decline in the remission which occurs immediately before the reappearance of the chill. The evidences of hepatic and gastric disorders have gained for the malarial form the epithet of "bilious," and although we utterly reject that view of its pathology, which associates either this disease or any form of malarial disease necessarily with hepatic lesion, save as regards the occurrence of the latter as a secondary affection of minor importance, yet the frequent presence of nausea and bilious vomiting in several cases, will, doubtless afford some aid to diagnosis; those hepatic symptoms dependant on sympathy of contiguity, where the inferior lobe of the right lung is implicated, in pure pneumonia, being of exceptional occurrence. The condition of the bowels in this disease and the latter is also different. In the malarial form, the intestinal canal seems generally to be in a state of phlogosis or exalted sensibility. This is manifested by the frequent presence of diarrhœa; and when this is not evident, by the hypercatharsis often induced by the mildest aperients. Later, when the disease succumbs, convalescence is usually announced by those characteristic, and we may say, critical alvine evacuations before described. The expectoration is often very different in the two diseases. In this it is usually less viscid, less copious and more fluid, partaking more of the character of blood mingled with serum: in fine, presenting more of the character of a defibrinized blood than as a product of inflammatory action.—The presence of delirium is more common in the malarial than in the simple form. In the former it is usually distinctly intermittent or remittent in the early stages. At that period it also is usually mild in its character, the patient seeming to be in a state between sleep and awake, muttering incoherent and rapidly changing fancies, but when fully aroused and his attention directed, replying in a rational manner. The delirium is evidently of a neuralgic character, being often associated with a cool skin and feeble pulse, with no other symptom belonging to organic cerebral lesion, and like the hallucinations of delirium tremens, to which it bears many and striking resemblances, is relieved by sleep, to recur again however, in the febrile paroxysm. Delirium however supervenes under other circumstances, which, although we have already noticed, constitute such an important feature as will excuse a repetition. Often, without any previous cerebral symptoms whatever, after the pneumonic symptoms have been mitigated or have entirely disappeared, and confident hopes are

entertained of the patient's recovery, a furious delirium suddenly occurs. I cannot refrain from adding this striking characteristic as drawn by Cleghorn: "Besides some abatement of the fever which happened every morning, it was remarked that upon the third day or beginning of the fourth there was frequently a great remission, sometimes a total cessation of every violent symptom, so that the sick were thought to be out of danger; but on the fourth or fifth a delirium suddenly came on, or the breathing became more difficult than ever, and one or both of these symptoms increasing hourly, the patient expired, either suffocated or raving mad, unless nature or art assisting, he had the good fortune to escape by some critical evacuation."* It has happened to the writer to have seen cases in which every *rational* and *physical* sign of convalescence† had made their appearance, but who on the next visit were found to be in the same condition as when first attacked, without any known cause which could be possibly assigned for the change. In these cases it will be perceived that the malady was strictly intermittent, and the recurrence of the symptoms was evidently connected with the periodical character of the affection and the liability of that class of diseases to relapse. We have thus briefly pointed out the variations presented by the several organs, functions and secretions, to aid the beginner in discriminating between this and the simple form; but there is another phase of pneumonia with which it is also too often confounded, and which of late years is seen frequently even in malarial regions, and from which it is equally important that it should be distinguished, viz: typhoid pneumonia.

By the term typhoid pneumonia, I designate that species of pulmonic lesion which presents itself as a complication of the form of continued fever for many years widely prevalent in the Old and New World, and by general acceptation known as typhoid fever. It is true that this term and its synonymes have often been applied to simple and malarial pneumonia, but I believe on erroneous grounds. The designations typhoid, asthenic or sthenic, cannot be applied to the latter disease, as the exhibitions of vital force or reaction are too variable in their nature, intensity and duration to render them appropriate. Thus as we have seen in some cases of the malarial disease, the vital powers were almost overwhelmed at its onset, continuing thus for days together, and at last, perhaps, followed by vehement reaction; whilst in the cases generally there were such diurnal changes that the same patient might

*Diseases of Minorca. †See Synopsis of Termination in Health, p. 47.

have been regarded in an asthenic or sthenic on the same day, accordingly as he may have been seen in the remission, chill or exacerbation. It is true that the malarial affection, when continuing, finally places the patient in an adynamic state, but this is true of acute diseases generally, and must be regarded as a sequent and not as an original condition.

The term typhoid cannot be properly applied to any form of simple inflammation. In my opinion, pure inflammation of the lungs, occurring in a previously healthy subject, cannot present typhoid symptoms, unless it is associated with some morbid element which impairs the resistant powers of the organism. When, therefore, such a patient prominently presents the symptoms of pneumonia, attended with deficient vital reaction, the inflammation of the lungs is a secondary or collateral affection, and not the primary or essential malady under which he is laboring.

Typhoid pneumonia may be presented as an intercurrent affection, but often the inflammation of the lungs is the first and most conspicuous symptom. To such an extent and so marked is the expression of this lesion, that the practitioner is liable to regard the pulmonary affection as the sole cause of the illness of the patient, and not perceiving the system condition with which it is connected, may be led into the error of treating it as such. On minutely inspecting the case however, he will be enabled generally to discern its true character, and recognize under the veil of pneumonia the peculiar form of fever on which it is engrafted. To the novice we offer a few observations as guides to a correct diagnosis. Typhoid pneumonia usually differs from the forms before mentioned, 1st. In its mode of access. It is usually more gradual in its approach, and in cases where the pneumonic symptoms announce themselves suddenly, it will be commonly found on inquiry, that the patient has been indisposed for some time before their appearance. 2ndly. In the character of the attendant fever. The regularly recurring paroxysms of malarial pneumonia are absent, the firm, full pulse of the simple form is never observed, but on the other hand symptoms of great depression of the vital powers are generally present. In short, we are usually enabled to discover the peculiarity of the case by bearing in mind that the patient before him is the subject of typhoid fever with pneumonia superadded.* Lastly. In diagnosing the various forms of pneumonia, we should look around our patient and endeavor to ascertain the sources of disease to which he has been exposed, whether of transi-

*See the writer's article on remittent fever, for the diagnosis between that disease and continued fever in the last Transactions ; also in Va. Med. & Surg. Journal, Jan., 1855.

tions of temperature, moisture, contagion, endemic or epidemic influence. Although the rules laid down are generally applicable, we should ever be on the alert in fear of a mistake. It is desirable that it should be impressed on the mind of the beginner, that he will often be compelled to diagnose and treat many cases of which his knowledge must be chiefly drawn from the character of the epidemic present. Physical signs often interpret disease imperfectly, symptoms are merely outward expressions of an internal departure from normal vital action; they often vary, they are frequently obscure, and the same morbific agent has so many different modes of displaying its effects on the organism, that many instances must present themselves to the observer, in which no pathognomonic guides will be perceived, or if present, undecidedly and imperfectly pronounced.

CAUSE AND NATURE OF MALARIAL PNEUMONIA.

The efficient cause of this disease, as its name implies, I believe to be malaria. By this term I desire to imply the identical cause of that class of pyrexiæ now generally known as periodical fever.

In employing this description, I do not commit myself to, or demand a belief in, any of the theories concerning its origin; but as nought save the great first cause can exist without a creator, so periodical fever cannot, without being called into existence by some morbid agency. Whether that agent be solid, fluid, gaseous or imponderable,—whether it be—

"Airs from Heaven or blasts from Hell,"

or the

——"Infection that the sun sucks up
From bogs, fens, flats,"

is not desirable or necessary here to determine. Time was when my youthful mind delighted to sport with questions like these, and—

"To float like Pyrrho on a sea of speculation,"

and I had the folly to believe, with numbers before and perhaps after me, that the problem was solved; but our days of dreams are over.

Nevertheless there are some axioms which may be regarded as established in reference to this source of disease, which for the elucidation of my views it is necessary to bear in mind:

1st. The primary impression of malaria is depressing in its character.

2d. Periodical fever may owe its existence to an exposure to its cause at a period considerably antecedent to its developement.

3d. This class of fevers, though chiefly rife in the warmer, may occur primarily in any season of the year.

4th. A person exposed to malaria may present indubitable evidences of its pernicious influence, without any regular attack of fever having occurred, such as anorexia, nausea, malaise, diarrhœa, neuralgia, debility, palpitation, emaciation and anæmia.

5th. Persons constantly exposed to malarial influence may retain perfect health.

6th. In persons of this latter class, periodical fever is often suddenly developed by any depressing cause, such as a blow, a fall, a shock, and by the incidental occurrence of other diseases.

The doctrine that this form of pneumonia owes its existence to malarial influence has long been entertained and acted upon, but on the other hand, has been as strenuously contested, both in regard to its correctness and legitimate consequences. The subject is one of great interest and of the highest importance, involving unquestionably the lives of the inhabitants of many sections of our own and other countries. The reader who has had frequent opportunities of observing remittent fever at the bedside, or those who have not, who have known the writer, by a perusal of his imperfect descriptions of that disease, cannot fail to perceive the close resemblance between the phenomena presented by that affection, and the disease under consideration. Indeed, the similitude is almost perfect, with the addition of the signs and symptoms of the thoracic lesion. It will be observed, therefore, that the evidences of organic implication are by no means confined to the organs of respiration; that symptoms of gastro-intestinal disorder very frequently preceded the lung symptoms, and that both were very often preceded by febrile excitement for hours and even days. We have seen that the patient evidently does not always perish from the pathological changes wrought in the lungs, death more often occurring from the supervention of fierce delirium, not only independent of the lung affection, but subsequent to its abatement or total disappearance. These facts, then, clearly denote the connection between this disease and periodical fever, as they sufficiently prove that its phenomena are not merely symptomatic of lesion of the lungs.

By some, an explanation of the existence of this disease has been given, by attributing it to the combined agency of malaria and atmospheric vicissitudes. This is doubtless often true, but it does not offer a satisfactory solution of the fact that many are often attacked with it, who have not been exposed in any appreciable degree to those changes. Indeed this affec-

tion often attacks a number of persons consecutively in the same household, with intervals of time elapsing between the occurrence of the cases to permit all conditions of temperature and humidity to appear, properly belonging to the season.— "It is probable," says Laennec, "that the epidemic peripneumony is often owing to deleterious miasms which have entered the system by means of the cutaneous or pulmonary absorbents, since nothing is more common than to meet with cases of this disease to which we can assign no occasional cause.— How many persons are seized with it in their very chambers, and in spite of the utmost care taken of their health*" It is impossible that any observer of ordinary perception can have failed to have been often impressed with this reflection. Exposure to atmospheric alternations does not therefore offer a complete and satisfactory explanation of the general occurrence of this affection. I propose, with some diffidence, to offer a few simple thoughts on the subject. It is a fact which will scarcely be questioned, that during the prevalence of any fever in seasons of low temperature, pulmonary inflammation is prone to occur as a complication. In scarlatina, rubeola, typhoid fever, and other febrile affections, it is very common. There are some causes, therefore, existing and belonging to the season, which either excite or predispose to lesion of the lung parenchyma. In instituting an inquiry into the operation of those causes, it will be necessary to bear in mind that the system has passed through the fervid heat of summer, the balmy temperatures of autumn, by transitions more or less variable, to the colder season of the year. Usually the outward man has been prepared for this change, the whole surface of the skin having been protected from the effects of reduced temperature, by clothing of proper quantity and quality. But how is it with the lungs, the only remaining surface, besides its outlet, which is exposed to the direct contact of air? What has been done to protect that extensive, delicate lining of the air-tubes and air-cells; that admirably contrived membrane, abundantly supplied with blood-vessels of such remarkable construction and tenuity, as to allow the permeation of air through their delicate parieties, and yet allow under ordinary circumstances no escape of their contents? It is evident that this great annual change of temperature cannot take place without some important physiological revolution in the pulmonary circulation; to understand the nature of which, it is only necessary to remember the usual effects of reduced temperature upon vascular tissues in general. The first impressions of cold upon the lungs must necessarily

*Forbes' translation, 233.

be succeeded by contraction of their capillary vessels. Happily, however, our organs are endowed with a certain degree of resistance to depressing causes, under the operation of which the vessels again expand and allow the free transmission of their contents. In short, the equilibrium of health is established. This resisting force which thus averts disease, or in other words, the nervous force, the only power existing in the system, of which we are cognizant, must, however, be continued and maintained, in order that no embarrassment to the circulation may ensue; consequently, throughout the colder seasons a greater amount of nerve power must be expended in the lungs to preserve their physiological condition.

Again: The effects of the reduced temperature will be in proportion, 1st, to its intensity and duration; and 2ndly, the capability of resistance residing in the system.

If we suppose that the system is contaminated by the depressing influence of malaria, whether enervated by open attacks of malarial fever, or debilitated by its latent influence, it necessarily follows that such a person must be in a favorable condition for the development of pulmonary engorgement, from the fact that he is subjected to a temperature requiring a healthy nervous force to resist, which he does not possess.—There is, plainly then, a degree on the thermometric scale, equivalent to disease with him, yet compatible with health in others.

Let us advance one step further. The degree of cold being present beyond the nervous power to resist, or having endured so long as to have for a time exhausted its resources, let us look again at the capillaries of the lung. If the vessels contracted by the application of cold, do not possess the normal resistant vigor, as we have assumed as an axiom in the malarial diathesis, the same or greater effect is produced than by a more intense degree of cold, acting on a healthy subject.—Under ordinary circumstances, however, the nervous centres will be stimulated to react, (those cases attended with collapse in the commencement being the exceptions,) the reaction, according to a law of the organism, being in proportion to the previous degree of depression. "An increased afflux of blood to the part consequently ensues, and as the action of cold has indirectly produced the same effect as that produced by a direct irritating cause, it will only be necessary to follow the subsequent steps in the process to the state of active congestion, as detailed in Kaltenbrunner's microscopic experiments.*

But there is yet another function which has also to undergo

*Watson's Practice, Art. Active Congestion, p. 46.

an important modification. The skin, which in the warm seasons had been exalted to excessive activity, gradually falls into a state of comparative repose, as the bleaker season arrives. This evidently occurs, however perfectly it may have been protected. This subsidence of function must necessarily be followed by a determination of blood to the internal organs, the retrocession being greater and more easily induced in malarial subjects, for reasons before adduced. We have now an explanation of the modes by which cold and malarial influence may act as exciting and predisposing causes of this affection; but this solution does not wholly apply to those cases occurring in previously healthy subjects, whilst sedulously guarded from atmospheric vicissitudes. These cases are evidently due to the evolution of malaria, the affection of the lungs being produced by the predisposing tendencies of the season. Objection has been urged on many grounds to this view of its causation, the principal one of which is that pneumonia prevails in seasons inimical to the existence of this mysterious agent. This is plainly an error. Primary attacks of periodical fever not unfrequently occur during the winter and spring months, especially in the latter, which is also the season in which this form of pneumonia is usually prevalent. The opponents of the views I have embraced seem to ignore this established fact, as old as the ancient couplet:—

"An ague in spring,
Is fit for a king."*

They have, however, been compelled to yield the admission, that a form of disease similar to that we have described, often prevails as an epidemic. Now, whether it be regarded merely as a complication, a compound, or as a hybrid affection, it cannot be disputed that it rages in those seasons of the year, the temperature of which they assume to be destructive to malarial influence. The inconsistency is obvious.

The occurrence of periodical fever not only in the spring, but occasionally in the winter months, being easily established,† there are conditions necessary to notice, closely associated with its nature and phenomena, which, besides the tendencies of the season, assist in producing a sanguineous determination to the lungs. When discussing the subject of remittent fever, I briefly endeavored to prove its nature from the character of the symptoms existing during life, and to show that there was constant tendency in the vital current to retrocede from the extremities to the trunk, and in grave cases, from the whole surface to the internal organs. Of the cause of that

*Elliotson's practice, 242. †Under the name of adynamic remittent, I have described a form of remittent fever often seen in the winter season in my region. See article before referred to.

morbid afflux, I then avoided discussion. I do so now, but in my opinion it is produced by an irritation of the nervous centres, of a peculiar character. As a consequence of this irritation and congestion, delirium, difficult locomotion, dyspnœa independent of pulmonary engorgement, with varying conditions, of pulse, and abdominal symptoms were observed, accordingly as different portions of the cerebro-spinal axis may have been involved.

To sum up our reflections on the pathology and etiology of this form of pneumonia, we have therefore to explain its production and phenomena.

1st. The predisposing tendencies of low temperatures to produce an afflux to the lungs by direct contact with their interior surface.

2d. The same cause, by repression of the cutaneous evacuation, determining to the whole internal organs.

3d. The operation of malarial influence, which not only diminishes the vital resistance to cold, but possesses an evident inherent tendency to produce internal engorgement.* A glance at the pathological condition of the lung will close our observations on this division of the subject.

I have repeatedly stated in the foregoing pages my impressions in regard to to the condition of the lung parenchyma in this affection, as partaking rather of the nature of active congestion than well developed inflammation. This is proven, in my opinion, by the following circumstances: 1st. The sudden occurrence of solidification, as evinced by perfect flatness on percussion, and absence of the respiratory murmur. This sometimes takes place in grave cases in a few hours after its onset, involving more than half of the entire lungs, accompanied by a cold skin, flagging pulse and colliquative diarrhœa, a condition of system totally incompatible with the existence of the inflammatory process. 2ndly. The disappearance of the physical signs is too rapid in many cases to suppose that inflammation, terminating in plastic exudation, had produced this impermeable condition of the lungs.

It is true as we have stated, that there are some evidences of inflammation† mingled with the symptoms, and as active congestion is a state closely allied to inflammation, the latter may, and doubtless does occur, but it is evident that inflam-

*Broussais, who doubtless saw a vast number of cases of this disease whilst serving in the French armies, and who has noticed at great length the connection between malarial fever and pneumonia, was fully impressed with similar views.

Cette concentration des forces a l'interieur, on, si l'oncondamne ces expressions, cette acumulation violente du sang dans les capillaires des visceres, qui existe durant la periode do froid des intermittentes, devient surtout funeste au poumon pendant la saison froide. Histoire des Phlegmasies ou Inflammation Chroniques, tome ii, 588. See also the works of Laennec (op. cit.) M. Bailly, (Traito des Fievres Int., Paris, 1825.) Cleghorn (op. cit.) †In Laennec's cases, he only mentions "that *traces* of inflammation" were found after death. Op. cit., 249.

mation cannot be the general condition as it is too expeditiously removed, in many cases of several days duration, and by inadequate means, to render that view admissible.

TREATMENT.

In the Chill.—In this stage it is evident that the state of internal congestion is most intense; the indications are therefore to remove or lessen this condition. As in ordinary cases the vital powers are competent to produce reaction, the employment of active measures will be unnecessary, but when the cold stage is serious and protracted, the usual means adopted in remittent fever should be called into requisition.—"Warm applications are to be assiduously made over the whole length of the spinal column and to the extremities, together with stimulating frictions," and to these may be added warm cataplasms of mustard or capsicum to the anterior and lateral surfaces of the thorax. If these means should be unsuccessful in restoring the circulation to the surface, enemata of the sulphate of quinine may be used, 8 or 10 grains of the salt dissolved in 2 ounces of mucilaginous fluid may be thrown into the rectum every half hour, or more often, until symptoms of reaction ensue. If diarrhœa has been or is present, the following enema will be more efficacious:

Quinæ, sulph., grs. x,
Morphiæ sulph., gr. $\frac{1}{8}$,
Acid. sulph. dilut., gtt. x,
Aquæ, oz. 2.

Misce.

To be used as the former, but at longer intervals.

The action of the enemata may be assisted by the administration of carbonate of ammonia by the mouth, or infusions of ginger or capsicum whilst warm may be given. In extreme cases it will be necessary to resort to alcoholic stimuli. These however should be used with caution and their effects closely observed.

Fortunately, however, it is rarely that much difficulty is encountered in conducting the patient through the cold stage, and medication may be generally postponed until the febrile reaction is developed.

The Exacerbation—The indications in this stage are to calm the action of the heart, to remove congestion and to prevent the occurrence of the next paroxysm. If the pulse is hard, full or tense, as it is in rare and exceptional cases; or if the patient is robust or previously healthy and possessing ordinary vigor, and the pain or dyspnœa is very intense, and the character of the pulse or other symptoms do not decided-

ly contra-indicate its employment, then a moderate quantity of blood may be taken from the arm. In this disease general blood-letting should be employed with a view *only* to *moderate*, and not with an expectation to cut short the disease, nor should it be employed except in the instances referred to. In cases where this is not followed by marked relief, and in those where venesection is inadmissible, the local abstraction of blood by cups or leaches should be resorted to, and may be used as freely as considerations of safety will permit. The time at which bleeding* by any mode should be practiced, is that period when the exacerbation has reached its acme, which is almost invariably in the afternoon or evening.

The administration of medicine is generally postponed until 9 or 10 o'clock, P. M., at which time a full dose of calomel (15 to 20 grains) is administered. If diarrhœa, or a tendency thereto is present, 8 or 10 grs. of Dover's powder are combined with the mercurial. Two or three hours thereafter, this is followed by a full dose of quinine (15 to 20 grs.) in pills, or diffused in a wine-glassfull of cold water. Three or four hours are now allowed to elapse; we now usually repeat the quinine in doses of 5 to 10 grs., in proportion as the pulse may have been reduced, until 35 or 40 grains have been administered, and the patient is then left at rest.

According to my experience, the chill cannot recur whilst the patient is under the influence of the above quantity of the alkaloid; the fever may, however, continue, but usually in a very moderate degree. Should this be the case, the local bleeding is repeated in the evening exacerbation, and calomel, in small doses of 1 or 2 grs., with $\frac{1}{2}$ to 1 gr. of ipecac., or 2 grs. of Dover's powder, is given every one or two hours. After midnight the quinine is repeated in the same manner, or in lesser quantity, (in direct proportion to the degree of fever present,) until the period of chill has passed, when all medicine is again suspended. It is rare, indeed, that cases thus treated in the early stages, do not exhibit the most flattering amendment on the day succeeding the first night on which this plan is adopted; and still more rare, that every dangerous symptom has not disappeared on the succeeding day. Should the pneumonic symptoms, however, persist, the mercurial should be continued until its constitutional effects are produced. In some cases, where the arterial action is not disposed to yield, and the dyspnœa continues, I have ventured on the use of

*In the remittent fevers denominated pernicious peripneumonic, says Laennec, it may no doubt be sometimes necessary to bleed during a paroxysm, in order to prevent suffocation, but the utmost caution is requisite not to destroy unnecessarily the strength of the patient. We must ever keep in mind that blood-letting cannot cure a disease which will certainly return after a few hours with fresh violence, and of which experience has long since demonstrated bark to be the only remedy. Op. Cit. 253.

tartar emetic in small doses, in union with quinine. I am indebted to Dr. Blakiston for a knowledge of the value of this combination. The antimonial should, however, be carefully used; and it is better to commence with a minimum dose of 1-10th or 1-12th of a grain, to be gradually increased as it may be borne. I think it proper to say, too, that the gastric irritation and tendency to diarrhœa, so often present in this disease, contra-indicate the employment of tartar emetic, generally. Whether alone or in combination, the quinine should, however, be continued for several days after the active symptoms have disappeared. Blisters may be employed at almost any stage of the affection, but under this mode of treatment may often be altogether dispensed with. Of course their use is preferable after the arterial action is moderated.

We could say more, but we have already, we fear, outwritten the patience of the reader. That which we would add, would, however, be chiefly an extension of our views in regard to the use and action of quinine. But mark the prophecy!—Howsoever much may have been written, the category of diseases has only been commenced, which yet will yield to its sway, whose destiny is not only to remove, but to unveil, perhaps, the essence of morbid action itself. Mysterious, wondrous, potent gift to humanity, more precious than the gold or gems of the sunny land beyond the burning zone, decked by thy imperial flowers! Minister and missionary of nature! Science places an illuminated crown upon thy snow-like brow, and proclaims thee sovereign Queen of the vast medical realm! Of old the Magian would have bent in adoration before thee, whose powers, surpassing the results of reason and the inspirations of genius, eclipse in certainty, celerity, and brilliancy, the fabled incantations of magic!

OTIS FREDERICK MANSON.

Granville County, N. C., April, 1857.

[APPENDIX B.*]

ADDRESS OF S. S. SATCHWELL, M. D.

Mr. President and Gentlemen of the State Medical Society:

The revolution of another year brings to us the pleasing occasion for social communion and interchange of medical thought. We again meet as voluntary devotees at the altar of science and humanity. We have left for a brief period the anxieties and labors of practice, to mingle in one common brotherhood, mutual feelings of friendship and of professional devotion.

These fraternal gatherings are to the physician what the touch of his mother earth was to the fabled Antæus; they give him new vigor—arm him with new strength in his Herculean difficulties and warfare with disease. Wearied with the duties of an arduous profession, we make these annual pilgrimages with spirits that need the sustaining influences of an intelligent sympathy—such as our society always bestows upon her members. We return to our homes reanimated by recent contact with a body of wise, honorable and refined medical gentlemen; we are better pleased with ourselves, more attached to our profession, and better qualified to discharge its exacting duties. These meetings make us better acquainted, transform formal acquaintances into genial friends, and materially serve to substitute harmony and concert of action among medical gentlemen, in place of that isolation and separation which is so apt to engender feelings that have been too long a reproach to the medical profession.

If aught of a striking or original character is expected of my humble effort on this occasion, I can only assure you that to my own embarrassment will be added your disappointment.

I make no pretensions to literary or professional excellence such as the appointment of your annual speaker presupposes. I feel that the honor your kind partiality has bestowed upon me, results more from a desire to compliment my humble zeal in favor of medical improvement in North Carolina, than from any personal merits or supposed qualifications of my own.—

Unaccustomed to public speaking, my time absorbed by the exhausting duties of a laborious country practice, surrounded by none of those circumstances necessary to develope professional enthusiasm, I feel an unaffected diffidence in coming before you, some of whom I perceive to be medical Gamaliels, at whose feet it would be more becoming in me to sit as a silent learner.

The science of medicine is based upon the accumulating light and knowledge of nearly thirty centuries. It has established principles. They rest upon facts and deductions, gathered within this period from the rich fields of observation, experience and experiment, by hosts of men of the most astute intellects, profound learning, and exalted moral worth. The science is composed of materials collected from every age and every clime. No alleged fact has been permanently admitted unless established by truth, for truth alone receives its undivided homage. Each truth has been assigned its relative value, after due investigation and appreciation by the profession. Medical science has ever been comprehensive and liberal in its nature. It is influenced by no predilections nor animosities. It has always availed itself of every circumstance, however humble its origin, that has been, or is, in the least calculated to throw light upon disease, and resorts to every available remedy for its cure, and for mitigating the sorrows and sufferings of mankind. It heeds no authority unless sustained by truth, and rejects error, however high and imposing its source. This is seen in the once popular but false and now exploded theories of Stahl, Booerhave, Hoffman, Cullen, Brown, Darwin, Cooke, Rush and Broussais. Their doctrines are mostly obsolete, whilst the important hints and suggestions they afford, are cherished as of decided value to the practitioner in the discharge of his arduous duties.

This is the spirit of our profession, and this the manner in which its science progresses. And in the present times, so teeming with discoveries and experiments, every one, as it presents itself in our profession, is subjected to the same rigid ordeal of our inductive system of medical philosophy, through which its predecessors have passed before receiving the stamp of accepted science.

With claims thus imposing, resting not alone on venerable antiquity and enlarged views, hallowed by the wisest and best men of all ages and countries, but upon its established power to do vast good to mankind, it is a matter of regret that so much of the former glory of the profession has departed. Instead of the mutual support and noble aspirations and competitions which obtained among medical men in former

days, we everywhere see too many ignominious means used to supplant each other, and to succeed in the present times, and to make money by prostituting medical art to a mere trade.—In the Grecian age, medical practice was hedged in, as it were, by a divinity. A temple was erected at Ephesus to the Goddess Hygeia. But how differently is the profession estimated at the present day! That medicine, as a science, is progressive, none can deny; that its progress is much impeded is equally true. That the profession itself receives acknowledgment of its worth is unquestioned; but I fear its *standing* has been lowered. The reasons of this depreciation involve the consideration of questions suitable, as I conceive, to the present times. The main subject, then, of this address is the discussion of some of the causes which retard medical progress. I consider this proper from the nature and objects of our Association. It seeks to *renovate* the profession. The correct starting point to this is the reformation of errors and the correction of abuses. These circumstances are connected with causes within and without the profession. Some of them are to be located at *our own doors*, and others will be charged to the fault of the public.

An obstacle to the progress of medical science is the false issues that have been made between the regular profession and the pseudo-medical systems of the day, under the names of Homœopathy, Hydropathy, Eclecticism, Thomsonianism, *et id omne genus.* With ingenious sophistry, the advocates of these systems have succeeded, to a great extent, in inducing the public to believe, that each of the systems is a system *per se;* entirely separate and distinct from the regular school of medicine. This is untrue. The regular system sustains no such relations to these systems of medical practice that have arrayed themselves, with arrogant assumption, as worthy of public confidence. They are in truth nothing more than mere *fragments;* they are nothing more nor less than mere *fractions* of the more enlarged and comprehensive system of legitimate medicine. We have done true medical science injustice in allowing these false issues to be made. And if we would indulge less in invectives towards the practitioners of these fragmentary systems, and bestow more time and attention in enlightening the public as to their true character and relations to regular medicine, we should be more successful in exposing the distortions and misrepresentations to which they resort, in imposing, with more cunning than honesty, upon deceived and misguided communities. Each of these apparently new medical systems is but a fraction of the regular and really Electic School.

Take that of Homœopathy. Its great central doctrine, *similia similibus curantur*, stripped of the looseness and perversion of Homœopathic definitions and delusions, is, after all, but a repetition of the old Therapeutical principle, that diseased action can be removed by producing a new one in the system. This principle was long ago illustrated in the writings and practice of the distinguished London Surgeon, John Hunter, and in vogue with practitioners before Homœopathy arose, that diseased action can be eradicated from the body by causing, with artificial means, a new one —on the admitted fact that no two diseased actions can exist at the same time in one part, the lesser yielding to the greater. This peculiarity of diseased action permeated the science of medicine proper before Homœopathy had an existence. The doctrine of infinitessimal doses, totally ineffective, is but one of the delusive draperies of Homœopathy, to captivate that numerous class who are ready to seize upon any new medical novelty that may arise, calculated to tickle their morbid imaginations, or to minister to that general repugnance of mankind to take physic.

It is well known that minute doses of many of the most powerful vegetable narcotics and mineral poisons are the most efficient means in curing many chronic diseases; and it is equally true that Homœopathy seizes upon them with avidity, and claims them exclusively as its own.

In chronic diseases, constituting by far the greatest amount of practice, it is often necessary to prepare the system for the action of these minute doses of powerful medicines, and this, the restricted range of Homœopathy renders it unable to do.

Akin to these presumptuous claims of an exclusive practice, is that medical system known at different times under the changing names of Thompsonianism, Steam Doctoring, Vegetable Practice, Electicism, and Botanico-Eclecticism.

In our own State the practitioners of Thomsonianism have steamed nearly all vitality out of its system, and over its prostrate remains has arisen, by the transformation of nature, the more refined and captivating name of Electics, and Botanico-Electics. They may all be placed nearly in the same category. They are mostly confined to broken-down pedagogues, itinerant quacks, deluded young men, and designing men in the regular ranks, who, sacrificing principle to expediency, are ready to avail themselves of any delusion, in order to make money, even at the sacrifice of science and humanity. They are ignorant of the science of Botany; and not one in fifty of them can tell the distinctions between the systems of Linnæus

and Jussean. With some confused notions of disease, they adopt the erroneous views of the human economy, that life is heat and that cold is death. Without any accuracy of discrimination in the signs of disease and the selection of remedies, they use a number of stimulating vegetables, under all circumstances, and often with the most injurious results. In the whole list of their remedies, however, they employ none of any value, which they have not ungratefully taken from our own recognized *materia medica*, and perverted to their own ignorant and ignoble purpose.

Hydropathy has succeeded to no inconsiderable extent, in palming the delusion upon the public, that it, too, is a system of practice entirely different from the regular school—that it possesses, in the power of cold water, a panacea for all the ills of mortal nature, and that it alone is entitled to the baptismal rites of its use. Water has ever been a legitimate remedy in the profession. Its use in all modes and forms, and in all temperatures, is an integral part of regular medical practice. But its employment requires the exercise of caution and judgment, resulting alone from experience, varied and extensive medical knowledge, and tact in its administration. In many portions of our country, Hydropathy has erected its hydropathic establishments for the treatment of chronic diseases, mostly by means of cold water. They are generally found in healthy and pleasant places. Valitudinarians resort to them from all sections. They are almost always those belonging to fashionable or sedentary life. The usages and exactions of such life are often productive of affections that are relieved by a residence at these institutions, and at noted springs and watering places. Laying aside the toils and moils of business at home, and residing for a season at these places, constitutes a treatment in itself everywhere recognized in regular practice. The principle is illustrated in the recorded experience of Doctor Benjamin Smith Barton, a former Professor in the medical department of the University of Pennsylvania. He had been staying at the warm springs of Virginia: on leaving, the proprietor asked him for a certificate of the efficacy of the waters, as his health had so greatly improved. The Professor replied that he "had no objection to giving a certificate to the effect that riding over their romantic country—breathing their pure mountain air—eating their fine venison—drinking their choice wines—enjoying the delightful society of their visitors, with a relaxation from arduous professional pursuits and studies, had restored him to a state of health such as he had not previously enjoyed for years; but as to the efficiency of the medicinal properties of the mineral waters of the estab-

lishment, he had nothing to testify in relation to his own personal experience in the use of them, as he had neither *drank* of them, nor bathed in them."

And so it is with the benefits received at these hydropathic institutions, as well as at most of the noted springs of our country. It is not so much from the use of water, internal or external, that health is improved by visiting such places, as it is by a practical application of the principle of treatment to which I have referred.

I am aware that there are special diseases which are relieved by using the water of certain springs; this is admitted by every physician. And while I would not discourage the annual custom of visiting springs and watering places, I would also enforce the truth, that the observance, on such occasions, of hygienic rules and regulations, and not the use of water, constitutes the main instrumentality of good.

And, in this connection, I would say to our people who are so fond of going abroad every summer for health, and in this way spending hundreds of thousands annually in enriching other States, that North Carolina has claims upon your State pride and money, while she presents to her fair daughters and sons elysiums of health and pleasure among the delightful sea breezes of her Eastern shore;—earthly paradises among the fragrant hills, flowery vales, gushing water-falls and magnificent scenery of her Western counties. Here, in old North Carolina, you have mineral waters, as well as mineral wealth, fine venison, scuppernong wine, pure mountain air, lovely scenery, and good society—all equal to the like productions of any State, and capable of yielding as good health, if you will remain at home and enjoy them, as you can find anywhere.

In regard to the medical systems to which I have alluded, I rejoice that neither these nor any other new-fangled medical doctrines have obtained much of a foothold in North Carolina. They are not indigenous here;—our soil is not suitable to these foreign growths. In our own country they are confined mostly to the North, which is fast becoming a great laboratory for the manufacture of medical as well as political and religious heresies. Those who adhere, in our own State, to such medical delusions, consist, in the main, of men and women from the North, who have taken up their residence among us.—They are almost the sole patrons of Homœopathy and Hydropathy. They come to the South with their minds poisoned on medical subjects, and they seek to communicate this poison to our Southern people. Diligent efforts are being made to indoctrinate our people with the unfounded claims of these medical systems,—which it would be mere mockery to designate

by the name of science,—and I have thought it proper to make these few general remarks in reference to them. An exposition by our professional brethren, on suitable occasions, of their mystifications and true relations to medical science proper, will materially enhance its just claims upon public confidence.

It is time for intelligent men to entertain a more correct estimate of the medical impositions of the times, and of the fallacious reasoning used to sustain them; it is well for them to remember that medical men are now, and have ever been, as ready as the votaries of any other science, to welcome any new discovery or invention appertaining to medicine; it is time for the intelligent and influential in the community to wake up to the importance of the fact, that any encouragement, however slight or momentary, which they give to the quackery and delusions of the day, is a blow, more or less severe, at regular medical science, and regular practitioners. The real issue is clear and distinct. Every man's influence is thrown into one scale or the other. He who patronizes to-day any new-fangled doctrine or radicalism in medicine, by that act enrolls himself as a patron of the whole system of medical imposture. No new doctrine or remedy should be received until after rigid scrutiny, and a test of careful and extended observation. The sophistries which have become prevalent on this point, both within and without the profession, are a fruitful source of the delusion and quackery in the world.

The imperfect preliminary education of practitioners is another obstacle to the progress of medicine. Here I am aware I am on ground familiar to those who are acquainted with the transactions of the American Medical Association. But the subject is worthy the consideration of State medical bodies, as well as our higher national organization; and its general importance commends it to the attention of all.

Medicine is an elaborate science; or rather it is the science of sciences. It is based on all the natural sciences. Chemistry, botany, physical and mental science, geology and mineralogy, are all laid under contributions by medical science.—Some of the finest illustrations of principles of natural philosophy are seen in the human body. It is well known, that to acquire a knowledge of these natural sciences, requires mental culture, logical acumen, capacity to think and to investigate. The mind must be well trained before it can grasp them. And yet, young men plunge into medical science, the most subtle, comprehensive, and complicated of all the sciences, not only without this mental discipline, not only without a knowledge of these natural sciences, but unable to read the Latin of their diplomas, or to write and speak their mother tongue correctly.

Among regularly licensed practitioners, how many are there who know the botany of medicinal plants—those beneficent productions of nature to relieve the ills of life; how many understand the acoustic principles of the stethescope, now used by nearly every physician; how many have ever looked through, or know the principles of construction of, the microscope, that valuable auxiliary of modern scientific investigation? Of the fifteen hundred graduates that annually issue from the medical colleges of the Union, how many are there that have that mental training and knowledge of these preliminary studies, so indispensable to him who would know the labyrinthian ways of our science?

I need not say, that tortuous and rugged is the way that leads to a knowledge of medicine. He who would revel in the rich luxuries that lie waiting within her golden temple, must expect to do so, not by the arts of legerdemain, or the tricks of demagogueism, but by long, laborious, mental application, —ar lent love of truth—skillful interpretation of the laws of nature, is the price he must pay. The ever-varying phenomena of life, in health and disease, the wide domain and diversified character of remedial agencies, the sound judgment and active sympathies necessary to constitute a successful practice of our heaven-born science, demand a cultivation of the head and heart. The intellect as well as the moral nature and affections must be educated. That these requirements are not obser ed; that this is not the way doctors are made; that educational deficiencies are a great cause of the overflowing numbers in the profession, in opposition to that maxim of political economy, that the supply should not exceed the demand, are truths, I regret to say, too obvious to be denied. But it is said that all successful and eminent physicians are not thus educated. This is true; but such men are nevertheless educated. They may never have been in an academy, or in a college, but they have been trained in the rigid school of poverty and self-dependence, which may have given them a discipline, a power of thought, and a knowledge of human nature and the world at large, not always to be obtained at universities. They are men of iron will and inflexible determination, which nothing can resist; and the very hardships which they undergo, and the struggles they make to supply early and conscious deficiencies, call into requisition habits of self-reliance and mental effort, constituting an education in the broad sense of the term. There are comparatively few possessed of this indomitable energy; and this fact is the best evidence of the correctness of my position.

The cause of this imperfect preliminary education is refer-

rible, in a great degree, to the medical colleges. The requirements for admission into, and graduation at, nearly all of the thirty odd medical schools of the country, are not only low and imperfect, but mostly nominal, at that. A young man may leave the plough, workshop, or merchant's counter, enter a physician's office for a year or so, attend two courses of medical lectures, and graduate as a peer of the most skillful and thoroughly educated physician in the land. No preparatory education, or even preliminary medical reading is required. The great desideratum with the medical colleges is for him to pay for his tickets for two sessions. The matter of his attendance on the college exercises, and his moral character for honor, truth. and rectitude, weigh but little in the scale of estimate. Thus it is, that swarms of doctors issue annually from the medical schools. They commence practice, most of them ignorant of their profession: and to that extent are really entitled to commiseration. Inflated with the pride and vanity of a diploma, and deluded with false hopes of success, the young graduate settles in some town or village, and unfurls his banner to the breeze. Cases soon present themselves, some of them difficult to manage; he has never seen any like them before. His books, for the first time, are at fault. His position is now different from sitting in the lecture rooms of his *alma mater*, listening to lectures on health, and disease, and remedies. Defeat and mortification meet him on all sides. A gathering storm destroys the flattering hopes of his bright medical fancy. He begins to lose confidence in himself; he begins to find that he has not science to sustain him. He blunders along in the dark. Disappointment follows disappointment. He finds himself casting about upon the stormy sea of uncertainty, with no safe guides to keep his frail bark from perishing. He sees no means of securing a fair name, and of earning an honest living. The consequence is, that he is either obliged to commence anew some other more suitable occupation, or resort to every species of empiricism to get a living. A large majority of the quacks of the land are graduates of what are called regular medical colleges. Rushing into these colleges without adequate preparation, spending their time and money at them to little advantage, unwilling to make up for early insufficiencies by protracted mental labor and self-denial, they find that they have reckoned without their hosts; —that they have mistaken their calling:—that they are mere cyphers in the most difficult and laborious of professions. Such men are to be pitied. Those who have been mainly instrumental in placing them in this unfortunate condition,—who have, with great *eclat*, crowned them with the highest

honors of a medical college,—are the very first to neglect them, and to sneer at them in their pitiable condition. Such young men, while too late in discovering their error, in their hearts censure their *alma mater* for their misfortunes. They know, as we all know, that it is "the ambitious struggles of competition—the love of fame, money and numbers" that causes these institutions to disregard the claims of humanity and science, in the motives which actuate them in these matters.

But the colleges reply that they operate on the imperfect materials furnished them by the profession; that it is with the profession the reform must commence. This plea of theirs is not a sufficient excuse for the error of graduating young men as they do. They could and should place themselves on high and elevated grounds in this important matter; and the profession would then rise to a corresponding level. Nevertheless, a wrong is often committed by physicians, in taking incompetent men into their offices to study medicine. It seems to me, that many of us commit an error in recommending young men to engage in the profession, without this preparation of which I have spoken. Let physicians maintain a firm and elevated position in this respect; let them, on all occasions, dissuade young men from engaging in the practice of medicine, on their own responsibility, until they have become well grounded in its principles, and have seen and studied for themselves, thoroughly, the varied phenomena of disease, and its treatment; and we shall thus discharge a duty we owe to them, to ourselves, to our profession, and to the community.

Another circumstance militating against the progress of medical science is the want of protection to the profession by legal statute. Any one who chooses, can now practice medicine and surgery, and thereby misrepresent the profession and bring discredit upon it. It is said that medicine ought to protect itself; but this is at variance with the doctrines of political economy that have been recognized in state and national legislation, ever since the science of political economy had an existence. And such is the nature of medical science, that the world at large finds it difficult to discriminate between it and empiricism. A large portion, learned as well as unlearned, often find it difficult to make a correct estimate of the qualifications of professional men. Perhaps in no profession are there so many successful means of deluding and imposing upon mankind as there are in the medical. Hence it is, that medical science and the public safety, present imposing claims upon legislators, to institute such laws as are most likely to meet these claims. The moral force of associated medical effort has done much, and is destined to do a vast deal

more, for the profession and the public good; but it is important and right to add *legal* suasion, to aid in suppressing the medical delusions and licentiousness of the times. Wherever the people have made these just laws, by instituting medical boards of examiners, for the purpose of encouraging science, and of discouraging incompetent men from practice, there the profession has been materially improved, and the public safety guarded. I believe the records will bear me out in this assertion, as well as in adding, that wherever such laws have been repealed, it has been done against the will of the profession, to suit the combined wishes and efforts of medical empiricism, and political demagogueism.

I am aware that a small but respectable number of practitioners are opposed to the establishment of these medical boards; but in the main, they are either those who have some direct personal interest in a medical college, or those laggards in the profession who are unwilling to measure their insufficiences with those generous minds who are nobly battling for medical improvement.

I regret that in this matter our own Legislature has exhibited such determined resistance to the pleadings of humanity and science. A bill aiming at the appointment, on proper principles, of a medical board, was rejected at the last session. For several sessions past, the Legislature has refused to legislate on the subject. The national government will not allow any one to practice medicine and surgery in the army and navy without an endorsement of qualifications by a competent medical tribunal. The State will not allow any one to plead your cause in a court of justice without authority from the Supreme Court. She will not allow her free school teachers to teach your children without permission from boards of examiners. And yet, so cheap is her estimate of human life, that she opens the doors wide, to any and all who will, to traffic in the health and lives of her citizens.

I am informed by a physician, that there were some twelve or fifteen physicians who occupied seats with him in the House of Commons of the last Legislature. That very few of them were in favor of any project for a medical board; and when the decisive vote was taken on the medical bill, only three or four of them voted for it. Several legal gentlemen not only voted for, but ably advocated, its passage, and for one, I return them, on this occasion, my thanks for this independent advocacy of the best interests of the Commonwealth.

The Journals of the last Legislature will show, when published, the proceedings and votes on this bill. Not one physician, so far as I can learn, was heard to raise his voice in

the last Legislature in behalf of the rights of his profession, and of the public good, in this relation. So far from this, is not the conclusion inevitable, that the course which these physicians pursued towards this medical bill caused its defeat?—Why did so many of them endeavor to raise a panic among the members,—that the bill was unpopular with the people—that if they passed such a bill it would be the death knell of their political hopes for the future? It would not have been legislating for the medical profession, any more than for the welfare and safety of their constituency, for the members of the Legislature to have passed this just and reasonable bill.—The true statesman will breast the storm of popular clamor, in order to do good service to his State, and is willing to work on and wait for time to vindicate the correctness of his course; but the political *tradesman* chooses to float smoothly along upon the bosom of the popular current, even if he knows it to be freighted with destruction to the best interests of the people. The fate of this bill is additional evidence of the fact, that medical science need not look to the tricky domain of political life, or among those who work the wires that control legislative action, for her most reliable friends.

But I do not despair. Rather am I disposed to appeal from the decision of the Legislature, to the virtue and intelligence of the people, and to utter my belief that those who opposed this bill from selfish motives of popularity, have mistaken public sentiment. At any rate, when the subject is more generally and correctly understood, the voice of the people will demand that the Legislature shall no longer continue to place scientific practitioners on an equality with the ignorant and prowling quacks of the land. I need not enlarge on the subject of a medical board. It was well presented in the eloquent address delivered before the society last year by Dr. Edward Warren of this town. If those legislators who have heretofore opposed, in this way, the claims of humanity and science, should continue their opposition, then may others, influenced by better counsels and more comprehensive liberality, be elevated to the positions heretofore occupied by the time-serving and narrow-minded.

Evil, wide spread evil, is the result of this want of legal recognition of the claims of medical science, and of this ease of access to the profession. It diminishes public respect for the profession as a body; and tends to discourage the talented and educated young men of the country from engaging in a calling where diplomatic ignorance is placed on an equality with modest merit and knowledge. It encumbers our ranks with mere drones—with routine practitioners—with men who

are too indolent to read, too obstinate to learn. It encourages that spirit of professional demagogueism, which, I regret to have to acknowledge, seems on the increase in the profession. Men who have too little learning and intellect to succeed in other pursuits, often obtain success in medicine, by the mere authority of a diploma. They frequently use the most unworthy means to obtain practice and gain popularity. Unsustained by science, they strive to make up the deficiency by seizing upon that inability of a great many to distinguish rational medicine from blustering empiricism. They hide their ignorance in mystic clouds of their own creation; deceive by the narration of marvellous cures never performed, heroic achievements never accomplished; and relate them with unblushing impudence in public as well as in private—at the domestic fireside as well as at the corners of streets, and market places, and country church-yards. There are always dupes enough to believe them; for it is strange that testimony which the common sense of mankind rejects, when appertaining to all other subjects, receives credence in matters of medicine.—Such men practice medicine altogether as a trade. They constitute the main portion of those medical demagogues, who, without merit or knowledge to sustain them, succeed by obsequious manners, and sycophancy to the wealthy and influential around them. They have their "runners" or "strikers" to aid them in blowing their own trumpets, or in insidious efforts to injure some rival practitioner. They will meet an honorable competitor with a smiling countenance and warm greeting, and perhaps whisper in his ear flattery and professions of friendship. The next day they will be relating "in confidence," to a select circle, some "lie" affecting his moral or professional character. Bring them to an accountability, and they will manage, like the eel, to slip out of it, saving their bodies from harm, but leaving their offensive slime behind. The cowardly assassin, who, in the hour of midnight, thrusts his stiletto in the heart of his unsuspecting victim, is not more mean and murderous in intention than these men, who, with deceitful and treacherous hearts, base inuendoes, and a hypocritical shrugging up of the shoulders, would advance themselves by injuring the personal or professional character of some worthy and high-minded rival,—it may be some poor and deserving young physician, just starting out in life. If there be any class of demagogues who deserve to be stretched high upon the gallows of public condemnation, such medical malefactors are the men. I fear there are many of them in North Carolina, with nicely framed diplomas hanging up in their offices. They are loud in professions of regular practice, and in a strict observance of ethical rules; but "by their

works ye shall know them." They are generally found to be members of that political party and of that religious sect which has the most influence in their respective places of practice. By such a course of hypocritical cant and fawning upon power and wealth—flattery of old maids and young maids—sly and underhanded attacks upon those supposed to be in their way, such men make money, and often fortunes, while, perhaps, penury and want is the lot of some rival vastly their superior in all respects, but who scorns such a sacrifice of principle and honor, and who despises such contemptible means of obtaining practice. Under the name of regular practice, some of the most despicable empiricism in the land is practiced upon the public. We talk about the outside impositions of charlatans; but the profession has more to apprehend from the empiricism of some of its own recognized regulars, than from any other class of medical impostors. We talk about the evils to the public, of patent medicines; but they are not surpassed by the wiley insinuations and quackeries of some graduates;—as, for instance, the arrogant assumptions of such humbuggery as Hunter's processes of inhalation. The quack advertisements of newspapers are not more empirical than the advertisements of some of the so-called regular medical colleges.

Is it not the duty of every honorable medical gentleman to array himself against all such empiricism and demagogueism, so withering in its influences upon all that is beautiful and noble in the profession? It should be branded wherever it is seen. To resist such influences the more effectually, there must be union among those who are *really* entitled to be called medical gentlemen. The "good men and true" in the profession must *themselves* be united and harmonious. Nothing is more deplorable in the profession, than to see such men disunited or at war one with another. It ought to be printed in letters of gold on every diploma, that honor, truth, justice and concord is the spirit of medical science; and under this should follow the inscription, that he who degrades an honorable rival, degrades himself and his profession.

Before leaving this topic of medical wrongs, I deem it in place to make an allusion to the neglect shown to medical science, in the increasing disposition of practitioners to become absorbed in the distractions of politics. The excitements and corruptions of political life are at variance with the gentle, benevolent, elevating tendencies of legitimate medical pursuits. He who practices medicine and surgery has need to keep his head cool, and his feelings tranquil and liberal. The practitioner who launches his bark upon the stormy sea of party politics, necessarily surrenders, in a great degree, that

professional devotion and serenity, so necessary to the physician. The independent right of suffrage none will deny; the duty of every patriot to inform himself of the history of his country, of the nature of government, and of the political progress of the times, is everywhere admitted; but this does not imply that it is proper for every practitioner to plunge himself, mind, soul and body, into every political campaign that annually arises to inflame the passions and prejudices of the multitude. The physician who becomes a heated actor upon the dirty arena of political life, is unfitting himself for the needed composure of the sick room, and for the responsibilities of his profession. The science and benevolence of the profession is not homogeneous with the tumults, selfish movements, and ambitious schemes of politicians. Medicine wins her triumphs in a different manner, and upon a different theatre. She secures them, not alone in correct interpretations of nature, abstractions of reason, and wise adaptation of remedies, but in the genial temper of charity and kindness, which should mark the ministrations of her votaries at the bedside. The physician should not only have the knowledge and skill to know and to prescribe, but the feeling heart that prompts the soothing hand and the tender words. His heart should beat in sympathetic unison with the efforts of his intellect.—There should be mutual confidence and regard between him and his patient. It renders the treatment more effectual. The patient may have confidence in his physician's skill,—

"But simple kindness, kneeling by the bed,
To shift the pillow for the sick man's head,
Give the fresh draught to cool the lips that burn,
Fan the hot brow, the weary frame to turn;
Kindness, untutored by our grave M. D.'s,
But nature's graduate whom she schools to please,
Wins back more sufferers with her voice and smile
Than all the trumpery in the druggist's pile.

"And last, not least, in each perplexing case,
Learn the sweet magic of a *cheerful face*,
Not always smiling, but at least serene,
When grief and anguish cloud the anxious scene:
Each look, each movement, every word and tone,
Should tell your patient you are all his own;
Not the mere artist, purchased to attend,
But the warm, ready, self-forgetting friend,
Whose genial visit in itself combines,
The best of cordials, tonics, anodynes."

The defects and errors to which I have alluded, are not the only obstacles to medical progress. In spite of these opposing

circumstances, the march of medical science is onward; hosts of able and true-hearted explorers and practitioners are daily enlarging its boundaries, and giving to it more certainty and usefulness. This day, the medical profession, as a body, presents more imposing claims upon public confidence than at any former period. This confidence is inadequately bestowed. There is too much depreciation of medical science proper, and of the medical profession as a body: and herein consists the discouragements to the honest and competent practitioner, to which I shall now allude.

One of these discouragements is the disposition in the public to reject true medical practice, in the eager desire to swallow patent medicines, and to adopt new-fangled medical practice. Thousands upon thousands, in our own State, are daily denouncing medical science, and at the same time administering to themselves and families the most powerful remedies in the shape of nostrums. They refuse the "mineral medicines," as they call them, of regular physicians, but are ready to follow the prescriptions of corrosive sublimate and arsenic, of itinerant wart and cancer doctors. They "have no confidence in medicine," as they often say, and yet are the best patrons of nostrum venders. A neighbor of mine, who is an honest, clever man, but noted for his want of confidence in physicians, recently paid a traveling quack one hundred dollars for a vial of drops, and the application of some mysterious mesmeric passes to one of his children, for the cure of epilepsy. The quack continued on his journey; the patient is not relieved; and the deluded father is left to lament his folly.

A distinguished writer in the Dublin University Magazine remarks as follows:—

"Admitted to the fullest confidence of the world, yet, by a strange perversion, while medical men are the depositories of secrets that hold together the whole fabric of society, our influence is neither fully recognized, nor our power acknowledged. While ministering to the body, we are enabled to explore the mind, and, by watching the secret workings of human passion, can trace the progress of mankind in virtue and vice; and yet, scarcely is the hour of danger passed, scarcely is the shadow of fear dissipated, when we fall back to our humble position in life, bearing with us but little gratitude, and, strange to say, no fear! The world expects the physician to be learned, well-bred, kind and attentive, patient to their querulousness, and enduring under their caprice; and after all this, the preposterous absurdities, the charlatanisms of the day, especially if they are of foreign extract, will find more

favor in their sight than the highest order of ability, accompanied by great natural advantages. Who has not seen, over and over again, physicians of the first eminence put aside, that the nostrum of some ignorant pretender, or the suggestive twaddling old woman, should be tried, as it is termed. No one is too stupid, no one too old, no one too ignorant, too obstinate or too silly, not to be superior to Brodie and Chambers, Crampton and Marsh; and where science with anxious eye, and cautious hand, would scarcely venture to interfere, heroic ignorance would dash boldly forward and cut the gordian difficulty by snapping the thread of life."

"Fools rush in where angels fear to tread."

Perhaps no feature of this want of proper appreciation of medical science is more mortifying to the practitioner than the general reluctance manifested in the payment of his fees. Here is a profession, which, in antiquity, learning and benevolence, yields pre-eminence to none—a profession distinguished above all others for its disregard of danger, in its laborious duties by day, and its ceaseless vigilance by night, in ministering to the relief of suffering humanity; and yet, when the physician presents his bill, reasonable and just, for settlement, it is, as a general rule, paid with reluctance, and sometimes by the force of the law. It is remarkable that a man will willingly pay his lawyer a hundred dollars to secure his property, but most unwillingly pays his physician half that amount for saving his life. It is, indeed, a wonderful peculiarity of the world, that men will run almost any risk for money—will sacrifice comfort, health and happiness, to almost any extent, to secure; it and to have health, on which so much depends, restored, and themselves snatched from the brink of the grave, under providential favor, by our divine art, they are, in a large majority of cases, indisposed to make just recompense to their restorer. There is no profession so laborious and self-sacrificing as ours, and none so poorly rewarded. It is well known that physicians, obliged to rely upon their practice for a living, are generally poor; and it is equally true, that the main cause of this is, that patients, not when languishing on beds of sickness, but after their restoration to health, become wonderfully oblivious of their duty to pay them their just reward.

The physician who has spent his means, and years of study, amid trials and dangers, to qualify himself, and whose delight it is to give his time, attention and talents, to the study and practice of his calling, has a right to claim that society shall keep him from the anxieties and depressions of pecuniary

want, by a fair remuneration of his services. If he be depressed by pecuniary want, he is unable to give that devotion to his professional duties which a liberal appreciation of his labors will always enable him to give.

Physicians who love their profession are generally poor collectors; as a class, they are proverbial for bad financiering; they are too much disposed to yield to the disposition of the public to pay every one else before the doctor; the mechanic, the merchant, the lawyer, all, must be paid before the doctor; he comes in last, when he should be the first to be paid.

It is high time that the tone of public sentiment in relation to this subject had improved. I am contending not for exorbitant or unjust fees, but for a fair, reasonable, prompt, willing remuneration to physicians for professional services. That is all we should desire, or do desire; nothing more—nothing less.

Some physicians allow patients to pay them *what* they (the patients) please, and *when* they please, from an idea that a different course will injure their practice and popularity; but this is a very erroneous notion, and, when analyzed will be found to convey, not a compliment, but rather a reflection upon the personal worth and skill of the physician. No man, it seems to me, should employ a physician unless he has confidence in his character as a gentleman, and his skill as a practitioner; and then he should be willing to reward him properly for his services. Physicians should regard it as an object of more importance to be firm and united in charging, and not only in charging, but in *collecting* reasonable fees from those who are able to pay; reserving their gratuitous services for the poor alone. We owe this to ourselves, to those who may come after us, and to the truth, dignity and usefulness of the profession. And whenever we see a physician endeavoring to advance his popularity and increase his practice, by purposely adopting a system of prices, that aims at undercharging the regular and the reasonable fees of some rival practitioner, it should be regarded as an evidence of incompetency, and of a disposition to succeed by means so disreputable as to deserve the condemnation of all good men.

In 1853 the city of New Orleans instituted a commission of six medical gentlemen to engage in sanitary labors, and to make such recommendations as would be most likely to conduce to the health of the citizens, and to ward off epidemics of yellow fever that have so sadly devastated that city in the past. They all entered heartily upon their labors—neglecting their practice—braving every danger, and making great and protracted labors and sacrifices of time, thought and money,

in order to do good to the health of the city. Their labors have been productive of incalculable advantage to New Orleans, whose authorities employed them; and the voluminous report of the chairman, Dr. E. H. Barton, is a rich addition to the science and medical literature of the country. For their services they charged the very reasonable and modest sum of fifteen thousand dollars. And yet, up to a recent period, the rich city of New Orleans has allowed these gentlemen to remain unpaid; year after year her authorities have refused or neglected to pay them; so that, after waiting so long in vain endeavors to obtain this well-earned amount, they have resorted to a court of justice to recover what is so justly due them. In the language of another physician:—"It is high time that the *public* services of our profession should be suitably estimated—since those in private life are too generally undervalued. Legal advice, often given with infinitely less amount of mental and physical labor, is at once fully and fairly remunerated—as, indeed, it should be. Are the services of the physician of less value in preserving public health, than the counsellor's, in maintaining public rights, or preserving public property? We trust that the issue of the pending suit will establish a precedent which, though it point to a blot on the Southern City's escutcheon, will be a guide in all future similar emergencies, and assure to professional labors a proper estimate and a just remuneration."

Additional evidence of this inappreciation of scientific practitioners, is the under-estimate placed upon their gratuitous services to the poor. It is the glory of the profession that it dispenses its blessings alike to the rich and the poor—the learned and the unlearned—the just and the unjust. In its dispensations it recognizes no distinctions of class, sect, party, race or clime. Wherever there is pain, or disease, or distress, there the physician finds a legitimate theatre for the exercise of his skill and benevolence. His familiarity with suffering and death begets a philanthropic zeal, a glowing enthusiasm, to relieve sickness wherever he finds it. The charge sometimes made, that this familiarity with suffering and distress hardens the heart of the physician, is a slander upon the profession.—The reverse is true. It refines the sensibilities, softens the heart, and makes the medical man more charitable to the frailties of humanity. Hence, it has always been a custom with the profession to attend the poor gratis. The physician is under no obligation, really, to do it, any more than the farmer is to give away his corn, or the merchant his coffee. It is from charity, and charity alone, that he gives his time, medicine and attendance. A large portion of the community act upon

the assumption that the physician is bound, morally and legally compelled, to make such contributions. Who in this way contributes so much in dollars and cents to the community as the physician? I venture the remark, that in proportion to its pecuniary means, the medical profession contributes *more* to the relief of suffering and distress than all the other professions and occupations combined. An estimate has been recently made by Dr. C. H. Spillman, President of the Kentucky State Medical Society, of the amount contributed in this way by the physicians of Kentucky. The result of the investigation is, that each practitioner of that State, gives three hundred dollars annually to the community, in his services to the sick poor. Surely North Carolina is not behind any State in the benevolence of her medical men; and according to this estimate, the medical profession of our State contributes every year the sum of forty thousand dollars, at least, in relieving sickness and distress. Society does not expect, nor, as a general thing, receive, such contributions of benevolence from the lawyer, the mechanic, the merchant or the farmer; but it seems to demand them as a right from the physician.

But notwithstanding these discouragements to the physician and the numerous impediments to medical progress, the science of medicine is continually progressive, and is more able than ever to relieve pain and disease. The range of usefulness of the physician is becoming more and more varied and extensive. The statesman, as he threads the labyrinth of human progress; the philanthropist, as his genial love to brother man prompts him to deeds of benevolence and mercy; the scholar, as he would give to his expanding mind its highest developements, must all depend for success, in no inconsiderable degree, upon such light and knowledge as the enlightened medical man alone can give. The law-maker will bear evidence that the bureaus of census and registration, life insurance companies, sanitary regulations and commissions of health, must all depend for success upon the knowledge and co-operation of the physician. The community relies upon him for information as to the best means of preventing the approach and ravages of disease; the best manner of building and ventilating houses; the way ill-health and unsound constitutions are engendered, and how they cause inability to labor, poverty, temptations to vice and crime, dangerous to the public safety, and enfeebling to the body politic; in every respect demonstrative of the medico-political truth, that *the people's health constitutes the people's safety.*

If scientific medicine is thus promotive of the public good, how important that public sentiment should foster, by every

fair means, competent and moral physicians ; and how unjust that the Legislature should treat them with such cold neglect, as to place them on an equality with ignorant medical pretenders.

In what relation of society is the scientific physician not of great value? In important monied suits of higher courts, involving questions of mental competency to dispose of property, his opinion is invoked as an indispensable element in the decision. In criminal trials, the evidence furnished by the knife, or the microscope, or the crucible—instruments which the physician alone can use—often saves the innocent from the hangman's rope, or executes the vengeance of the law upon the guilty murderer, when the testimony of human fallibility, prejudice, or revenge, would have hanged the former and spared the latter.

His worth is evidenced in those outbursts of popular impulse that supervene when the community is panic-stricken with the fear of some desolating epidemic. It is on such occasions, when there is no real cause for alarm, that the physician pours oil upon the troubled waters, restores quiet and social order, and gives to crippled commerce its former activity and usefulness. But when fear yields to sad reality, and the dismal cloud of woe and death hovers around, to whom do the people fly for preservation? The physician. He, it is, who now regards the post of danger as the station of honor and duty. He rises with the importance of the occasion. He presents, by his labors, scenes of heroism and sublimity unequalled in the annals of bravery and noble deeds. He responds alike to the calls of poverty and wealth. He consults no considerations of gain or distinctions of society ; he needs no other incentive than the wants of the stricken and afflicted.—Vigilant by day and by night, he heeds not freezing cold nor lurid heat, nor pestilential vapor, nor self-preservation, until too often the shaft, which his own skill has frequently averted from others, is turned with unerring fatality to his own heart, and he falls a martyr to science and humanity. This heroic character of the profession is illustrated in every plague which has scourged mankind, and every epidemic that has depopulated cities.

The medical profession is not surpassed by any other in its taste, learning and public spirit. The members of no profession have been more noted for exhibitions of the highest powers of the mind and the noblest affections of the heart. The annals of philanthropy combine with the voice of genius and letters, in all ages, in attestation of this truth. Who have always manifested the greatest sympathy for suffering human-

ity? Who have been foremost in erecting hospitals for the sick, asylums for the deaf, dumb and insane,—poor houses for the outcasts of poverty? Who are the leading spirits in the great moral reforms of the age? Who are among the foremost in founding schools and colleges, libraries and museums, and erecting houses of public worship? Who, with the panoply of science and philosophy, co-operates most effectually, in modern times, with the statesman in his warfare with the fanaticism, ignorance and prejudice that has threatened to destroy our glorious Union? Who goes with the missionary on his sublime errand to the heathen, to aid him to cleanse the leper, heal the sick, open the eyes of the blind, and unseal the ears of the deaf, to the end that the hearts and minds of the benighted may glow with the light and warmth of the glorious Gospel? *History*, with her thousand tongues answers—*Physicians.*

Surely such a profession presents most imposing claims upon public favor, as well as upon the attachment of its legitimate members. That it has defects and discouragements I have endeavored to show. But after all, for one, I would not exchange the pleasures of its pursuits for all the applause which admiring Senates or fickle multitudes have bestowed upon the most gifted statesman; or for all the laurel wreaths of victory that ever decked the brow of the most illustrious military chieftain. Its importance is second only to the mission of Him who holds the lamp of that glorious Revelation that teaches man his duty on earth, and points his pathway to Heaven.

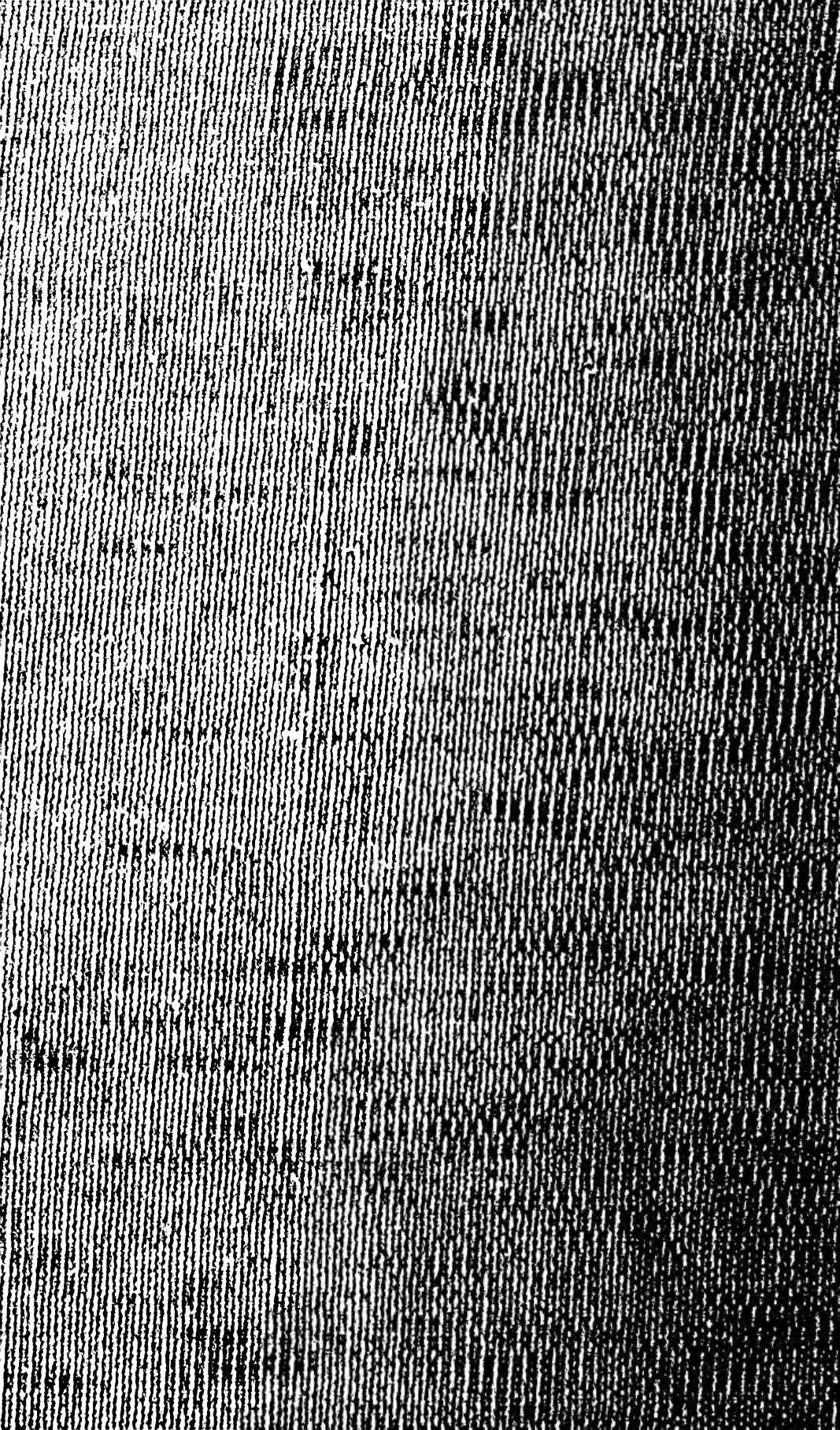
When the walls of Jerusalem were to be rebuilt, it was a law that each citizen should repair the breach opposite his own dwelling. So likewise with the broken entrenchments of the medical profession, if each member would repair the breach that covers his own ground, a wall would be erected that would shield it from encroachments without and dangers within. Then would the escutcheon of medical science shine with resplendent lustre, and the profession be advanced to a position of honor, confidence and usefulness that would forever silence the croakings of its adversaries. Then would those petty jealousies and interferences, so disgraceful to the profession, be displaced by a spirit of peace, concord and brotherly love, so ennobling to the mind and elevating to the heart of the medical man.

These ruptured defences have injured medical science and the character of the profession in the old North State. To repair them is the great object of the State Medical Society. It seeks to accomplish the work by the moral power of voluntary associated medical effort. The society has been in existence

eight years. It has struggled on amid many obstacles; it has had to contend with the timid fears of friends, as well as with the secret wiles and open opposition of enemies. It has, however, gradually increased in numbers and influence, and the vast good it has already accomplished is everywhere acknowledged. It has annually garnered a valuable fund of medical knowledge from the abundant fields of observation and experience of its members; and this stock of knowledge is for the common good of the whole profession. It stands forth as the representative of the profession of the State, and therefore is regarded at home and abroad as an embodiment of the dignity and usefulness of medicine in North Carolina. It claims the right, therefore, to appeal through you, Mr. President, to the regular physicians of the State to attend its meetings, and to unite with us heart to heart and shoulder to shoulder, in the great work in which we are engaged. State pride, suffering humanity, science contending with impudent hosts of medical imposters,—all call upon the true medical men of North Carolina to give their names and influence to the Society in her laudable efforts to relieve human misery, and to elevate the profession. "No time to leave home and patients" will not do as a plea for absence from year to year, in face of the fact that our most faithful attendants are those of the largest practice, who make the greatest sacrifices at home, in order to attend the meetings. The Society is everywhere receiving the encouragement of public approval, and the wonder and regret is that more do not apply for admission. It excites more and more astonishment among the intelligent and prominent members of the community, when it is known that any physician in the State, who has the proper sort of attachment for his profession, has not applied for membership in the society. The motives which instituted it, the exalted objects aimed at, its harmonious deliberations and operations from the first, render the prediction reasonable, that the time is not distant when its certificate of membership will be a more reliable evidence of medical merit, and a better passport to public favor, than is guarantied by a diploma from very many of the medical colleges of the country.

The Society presents her claims in no temper of arrogance or selfishness. She has no aims that are not for the equal good of the whole profession. She seeks no exclusive privileges, no advancement of any member, or set of members, in preference to others, but her honors and benefits are alike open to all whose bosoms are the abodes of justice and honor, and whose minds are illumined by science. Her schemes of power are the triumph of truth over error, light over darkness,

health over disease; her schemes of wealth are the accumulation of the rich ores of science, from the inexhaustible mines of nature, observation and research.

Let us, fellow-members, renew our vows, that it shall receive the sustaining power of our best exertions—that its course shall be onward and upward. In its progress thus far, we are striving to erect a medical fabric that shall rest, broad and secure, upon the eternal foundations of truth and medical philosophy. Let us enlarge its dimensions by annual offerings of materials from the luxuriant fields of our own medical experience. Let us raise its summit higher and higher, until its radiant beams of knowledge shall dispel the darkness of medical ignorance and delusion, and re-animate the profession from the seaboard to the mountains. So that, hereafter, when, in the course of time, our places shall be filled by others, they may view the work we have accomplished, with a grateful admiration, which will impart a glowing inspiration to their energies, and encourage them to strike with strong arms and stout hearts, in the great cause of Medical Progress.

PUBLISHERS' NOTE.—It is proper to remark, that in Dr. Manson's article, some few inaccuracies may have crept in, for which the Doctor is not responsible, as he did not have an opportunity of revision. As, for instance, the word *gleaming*, for gleaning,—*heights* for height, *medical* for medicinal, *description* for designation, and in a note, *synopsis* for symptoms. These mistakes do not, in any case, obscure or alter the sense, and are of a character that will occasionally occur in spite of the most careful revision, where the writer cannot personally superintend the printing from manuscript.